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ABSTRACT

The journal on special education programs funded under Title III of the Elementary and Secondary Education Act contains articles on three projects, abstracts of other projects, a picture story on San Diego Schools' outdoor classroom for special education, and a state by state listing of all Title III special education projects. The programs described in some detail include a developmental center concerned with the early identification, early multisensory intervention, and correct educational placement of rubella children in Washington and surrounding states; a learning disabilities diagnostic center in Chesterfield County, Virginia; and a school near Wilmington, Delaware which organized its special educational services around a learning center staff who would be available to all children in need of special help rather than around special classes for separate disability groups. Included is a picture story of the project for handicapped children at the San Diego zoo which attempts to motivate students toward learning. Two other articles survey Title III projects for deaf, blind, and language disabled children and area wide projects in special education. (GW)

The Title III Quarterly January 1972

Title III in Special Education

PRESIDENT'S NATIONAL ADVISORY COUNCIL ON SUPPLEMENTARY CENTERS AND SERVICES

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Title III
in
Special Education

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The Council Quarterly will be published in January, April, July, and October by the National Advisory Council. Future issues will be concerned with environmental education, early childhood education, and programs for the disadvantaged.

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The Need and Title III

Dr. Marechal-Neil E. Young
Member, National Advisory Council

As a member of the National Advisory Council who has a special concern for the education of handicapped children, I am deeply aware of how great our needs are, nationally, in this field. Of the approximately 75 million children in this country, more than 7 million, including about 1 million preschoolers, are handicapped. This means that more than one child in ten is either mentally retarded, hard of hearing or deaf, visually impaired or blind, emotionally disturbed, crippled, or in some way health-impaired.

Statistics supply us with other disturbing facts. Fewer than 35 per cent of these children are being provided with appropriate special educational services. Fewer than 40 per cent of the needed qualified personnel are being employed.

And yet, compared with what we experienced several decades ago, special education services have expanded to a remarkable degree. Earlier this fall federal funds totaling $1.1 million were granted to increase state facilities serving children with specific learning disabilities. A few weeks ago, a landmark decision, handed down by a three-judge federal panel in Philadelphia, declared that all retarded persons in the state between the ages of 6 and 21 are entitled to "a free, public program of education and training" appropriate to their capabilities. The ruling will undoubtedly stimulate implementation of the priority of Commissioner of Education Sidney P. Marland for free public education for *all* the nation's children by 1980.

To the generally expanded services for handicapped children, ESEA Title III has made and continues to make important contributions. By a provision of the Elementary and Secondary Education Act as amended in 1968, 15 per cent of all Title III funds, including the discretionary funds of the Commissioner of Education, are set aside for special education programs for the handicapped. Guidelines for state administration of Title III programs, however, state that the emphasis must be placed not on programs, as such, for handicapped children but rather on demonstrating solutions to educational problems in special education.

The guidelines are thus in keeping with the intent of Title III, which calls for the nurturing of creativity and innovation in American education, generally.

Through the funds stipulated for special education, Title III programs across the country have manned attacks on a broad range of special education problems. In some instances, the attack has been state- or region-wide, with various individual projects feeding into a centralized service. In other instances, so-called laboratory situations set up by Title III funds have offered the desperately needed special education training for fledgling teachers or re-training in current theory and practice for experienced teachers.

In several programs, rural or small town schools have been afforded programs which are attempting to design answers to their specific needs in special education. Some Title III special education programs have what our young people might call a "now" sound to them. Among these are two which are exploring the possibilities of performance contracting in special education and others which are meeting the needs of the first wave of young children whose mothers were victims of the Rubella epidemic in the early 1960's.

This journal, the first of a series on various categories of programs funded by Title III to be published by the National Advisory Council, tells the story of Title III's contribution to special education. Included here are three articles prepared in some depth by Mrs. Ann Petri, a consultant employed by the Council for this purpose. Included also are abstracts of other projects, a picture story on San Diego schools' well known outdoor classroom for special education, and a listing of Title III special education projects.

In its Second Annual Report, the National Advisory Committee on Handicapped Children pointed to the need for greater communication and exchange of ideas and knowledge on special education among the states. This booklet is a contribution toward meeting that need.

A Complete Program for Rubella Children

Introduction

In 1941, an Australian ophthalmologist came to the realization that there was a connection between German measles (Rubella) in pregnant women and eye abnormalities, such as cataracts, in their offspring. Further research bore out the correlation and uncovered the fact that other birth defects, as well, can be traced to Rubella contracted by a mother during pregnancy.

The child may have one or all of the characteristics of the Rubella syndrome, the degree of handicap ranging from very mild to extremely severe. The main characteristics are: hearing loss, eye defects, heart defects, and central nervous system damage often resulting in learning disabilities and occasionally in mental retardation.

There is now a Rubella vaccine which can prevent the disease. Through the Public Health Service, the vaccine is offered free and the vaccinating can be done right in the schools.

History of the Development Center for Special Education

The Rubella epidemics implicated in this article started on the east coast of the United States in 1963 and continued until 1965. In 1968, the Developmental Center for Special Education of the District of Columbia Public Schools began to plan for the entrance into the school system of children who had been damaged as a result of the epidemic. It was estimated that from 200 to 500 children in the Washington, D.C., area could be expected to have characteristics of the Rubella syndrome. Special education in the D.C. Public Schools had no facilities for them and nonpublic educational facilities were not adequate to handle such large numbers. Because of these facts, the Developmental Center, in the spring of 1969, requested funding from Title III ESEA for a special program for Rubella children. The proposal was approved and, in the fall of 1969, the Developmental Center initiated a Complete Program for Rubella Children, the first in Washington or the surrounding states.

Objectives of the Project

In establishing the project, the Developmental Center's objectives were to:

1) identify, diagnose, and educationally evaluate children with vision and hearing impairments who were in need of special classes;

2) prevent vision and hearing impairments from having an adverse effect on the child's total personality;

3) provide for early educational intervention in order to give handicapped children the same educational opportunities as nonhandicapped children;

4) provide early language training for optimal achievement in language;

5) continue to provide educational diagnostic services;

6) establish preschool and kindergarten classes for handicapped children as part of the D.C. Public Schools; and

7) coordinate the classes with regular school classes to make eventual placement in regular classes a real possibility.

These objectives are based on the belief that early identification, early multi-sensory intervention, and correct educational placement are critically important in the future of these children. If a child cannot hear, language development is delayed. He needs to learn more through his other senses and to begin receptive and expressive language training before he reaches school age. As a Rubella child, he may also be mentally retarded or prone to learning disabilities and here, too, early multi-sensory intervention is crucial.

The Establishment of Classes

In the fall of 1969, after a period of identification and diagnosis, the Developmental Center found 18 Rubella syndrome children ranging in age from four to nine, who were in need of preschool and kindergarten educational

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Complete School Program for Rubella Children, Developmental Center for Special Education, 1619 M Street, N. W., Washington, D. C. Dr. Enid G. Wolf, Project Director.

A pensive moment for a preschool, hearing-handicapped student during recess.

experiences. The children were divided into three classes, according to the degree of their handicaps and their learning abilities.

Deaf-Blind Class

The deaf-blind class began operations with five hearing- and vision-impaired children, some of whom came into the program without any communication skills whatsoever. Some were not even toilet trained. Some were unable to follow directions. They were all accepted into the program, however, regardless of the severity of the Rubella damage.

The teacher and her paraprofessional aide then began the monumental task of communicating with these children, of providing opportunities for each child to develop and learn. To accomplish this, goals were established for the children to increase, first, mobility, manipulative coordination, and perceptual functioning; second, conceptual enrichment through contact with the environment, including both people and objects; and, third, development of auditory, visual, and tactile perception through multi-media approaches. Individual programs toward these goals were constructed for each child in the class. (See example.) And even though there were only five (later six) children in the class, the programs had to cover a wide range of ability and readiness. One child was almost ready for placement in elementary school; another, with impaired mental ability, was functioning far below his chronological age.

OBJECTIVES	DEAF-BLIND CLASS FOR TWO OF THE CHILDREN*
Language	Continue language learning pertinent to A's and B's experience in life—promote them from word recognition to more phrase and sentence understanding.
Speech	For A: Broaden her vocabulary, teach various sentence constructions and increase her practice on elements and the rhythmic patterns in each sentence she learns. For B: Promote him from being nonverbal to a speech learner. He has begun to show interest in learning to talk since last summer.
Lip Reading	Began with A last fall and with B in the second semester when he showed readiness.
Auditory Training	Words and tones with A, continue gross sounds with B.
Number Concepts	(1) Size; (2) Shapes; (3) Spatial relationship; (4) Numerals associated with number facts up to 10 with A and up to 7 with B.
Sign Language and Finger Spelling	Continue learning sign language and finger spelling which is pertinent to A's and B's language lessons.
Manuscript Writing	Improve manuscript writing from reproducing words to copying class news.
Drawing	Based on visual and/or tactile input.
Story Telling	Should be able to *"tell"* the class what they saw, touched or were *"told"* (stories from books, slides and movies) by acting.

*Public Schools of the District of Columbia, Developmental Center for Special Education, "Year End Progress Report, Rubella Children: Complete School Program." Washington, D.C., June 1971, p. 2.

In working with children who have both hearing and visual impairments, the Developmental Center staff had little research to guide them. Few public school systems had ever provided classes for children with such severe handicaps. In addition, it is almost unheard of for a public school to accept a child who is not at least partially toilet trained. The steps required in learning to use a bathroom were broken down sequentially and the child needing this training carefully taken through them. The same planning went into other self-care skills. Even such a natural act as asking for help from the teacher had to be taught to some of the children. Each acquired skill led to increased communication with others, increased learning ability, and a happier child.

In teaching these severely handicapped children, it was often necessary for a teacher to take a child through the physical motions of a task many times to communicate what was to be learned. For example, to communicate that there is a difference between red and yellow, the teacher would guide a child's hand between the colored pegs in a box and his face so that he could see the color of the peg and the peg board where he was to construct a design. At the same time that she taught color differentiation and color labeling, she was trying to establish left to right progression in the ways the pegs were placed in the peg board, as part of reading readiness training.

Another important part of the curriculum necessarily carried out on an individual basis was language and speech therapy. Here, a child needs to feel the vibrations in a teacher's throat and in his own throat as he imitates her; he also needs to be face to face with her so he can see the shape of her lips and the position of her tongue in forming the sound he is trying to learn.

These children are accustomed to being alone, to being apart from social interaction because of the nature of their handicaps. Because so many activities during a school day must be carried out individually, it is extremely important that group interaction be fostered whenever possible.

There are many times during the day when the children can take part in group activities. One such period, regarded as part of the curriculum in this program, was lunch time. The teacher helped the children not only to eat efficiently and neatly but also to interact successfully and happily with peers. In the classroom, two other important activities stressed group interaction. One was the rhythm band, for which the teacher counted out the rhythm in a loud voice while stamping her foot on the wooden floor. As each child heard his place in the beat, he played his instrument. Most of the children could hear the instruments and could feel the vibrations.

Another activity stressing group interaction was the body movement class with a physical therapist. Twice a week the therapist guided the children through physical exercises specifically designed to meet their individual needs, strengthen body movements, and stress group interaction. A body movement profile was set up for each

Speech therapy in the deaf-blind class.

child and exercises consisted of following a predetermined pathway in a walking or crawling relay race or walking a balance beam to increase gross motor coordination.

Preschool Hearing Handicapped Class

During the 1970-71 school year, the second class in the Rubella program was made up of six preschool, hearing-impaired children, ranging in age from four to seven. The curriculum was designed to provide reading readiness exercises and language training and to improve the body movement profiles of the children.

The reading readiness activities included matching exercises in which the children learned to differentiate between objects or symbols which are exactly alike or which are merely similar. Such activities lead to the ability to differentiate between identical words or word parts and words which are only similar. Other readiness activities were sorting objects or symbols into categories and exercises which stressed left to right progression, so important in learning to read.

Language training takes many forms in the preschool, handicapped class. One form used here was to combine spoken language and manual signs in directions and explanations given to the children. Another was to learn to use expressive oral language. Speech therapy was an important part of the school day, as were developing a reservoir of new experiences on which to build language and learning to value language as a means of communicating friendship, love, and trust.

The class also received body movement exercises geared to each child's individual profile as well as providing interaction with other children in a group experience. Some exercises required what was for them great physical exertion, such as jumping over a string "hurdle," to increase gross motor coordination. Others were almost motionless, such as lying quietly on the floor and slowly moving only one part of the body to learn to become aware of and to identify individual body parts as well as to develop gross and fine motor coordination.

Kindergarten-Transition Class

The third class in the Rubella program is for hearing-impaired children who are ready for kindergarten and first grade.

To achieve the goals of this class, the Rubella staff works closely with regular elementary school teachers so that the children can transfer with a minimum of elapsed time and of academic and social adjustments. The academic program is built around learning skills in reading, writing, and mathematics. In the reading program a new, experimental series of film strips focuses on auditory and visual perception, vocabulary development, and exercises in logical thinking. Language development is in the form of expressive, receptive, written, and manual language, with emphasis on comprehension and production.

In this class, also, body movement exercises are an important part of the day. At the beginning of the 1970-71 school year, the children concentrated on gross motor, whole group exercises, such as muscular activities, acting-out activities, and interpretive gymnastics. Later in the school year, the exercises focused on fine motor activities; number concepts, shapes, and even concepts embodied in such prepositions as "on," "over," and "under" were used to carry them out.

The 1971-72 School Year

Building on the nucleus of the three classes already established, the Developmental Center's plans for the 1971-72 school year called for adding two more and increasing the number of children in the program from 18 to 30.

As with previous classes, the educational needs of the children rather than chronological age were to govern placements. Thus, a child of seven could be placed in any one of the classes. The class schedule planned for this school year included:

1) deaf-blind class at the readiness or pre-academic level;

2) deaf-blind class at the academic level;

3) hearing-handicapped class at the readiness or pre-school level;

4) hearing-handicapped class at the kindergarten-transition or pre-academic level; and

5) hearing-handicapped class at the academic level of grades one and two.

The objectives were to remain the same: to identify children in need of the program; to test, diagnose, evaluate, and periodically re-evaluate the children in the program; and to establish a teaching program for developing to the maximum each child's educational, social, and psychological potential.

Weaknesses of the Project

Physical Plant

In the 1970-71 school year, project weaknesses stemmed not from the staff or its teaching but from administration of the program. Because of limited physical facilities within the D. C. Public Schools, classes had to be placed in two separate buildings. One of the buildings where classes for hearing-impaired children were held, then housing administrative offices, was antiquated, run-down, poorly-lighted, in the most congested part of downtown Washington, and long since discarded for classrooms.

Although a physical plant is ordinarily less important than the quality of teaching, in a program for hearing-impaired children it is a vital ingredient because of acoustics. The noise level in these old classrooms was so high that fine auditory discrimination was virtually impossible, even for non-impaired individuals. In addition, with classes in separate buildings, coordination between the teachers themselves and between the teachers and other staff members was difficult. A conference meant a drive across town rather than a walk down the hall.

For the 1971-72 school year, the classes have been placed in one building and staff coordination accordingly, has improved. However, this building is as old as or older than the previous one used for the hearing-impaired and has the same accoustical problems. The large rooms, high ceilings, and bare, wooden floors amplify every sound. Deaf children cannot hear themselves, and, accordingly, they are noisy children. Moreover, they often intentionally stamp or drag their feet as they move so that they can hear themselves and feel the vibrations through their feet.

The logistics of the move over the summer resulted in other problems and the program could not operate smoothly as early as the teachers would have liked. Many of their materials were not delivered until long after the opening of school and new materials were still unavailable.

In addition, an unexpected turnover of staff members slowed implementation of the program. The original classes were in operation but the new classes had not been added as of October.

Strengths of the Project

The fact that this project exists, that these 18 children are now in a school especially designed to serve them, are strengths in themselves. Another is the staff's ability to maintain flexibility and be creative in the operation and planning of the program. This is in large part due to the funding by Title III, which makes innovativeness, experimentation, and flexibility possible within existing but otherwise comparatively rigid school situations.

For this reason, the staff can change direction whenever necessary. For example, the preschool hearing-handicapped class was originally designed for deaf-retarded children. It was soon realized, however, that the children —with the exception of one child—while severely retarded educationally and in need of remediation for learning disabilities, were not mentally retarded. The focus of the curriculum was quickly changed, therefore, to reflect this re-evaluation.

Conclusion

The Rubella program, as such, is not an unqualified success. It is, instead, a fine beginning. It is a well planned, innovative program, designed to provide classes for children for whom no classes previously existed. It is an example of foresight. The District schools, through Title III funding, were ready for the children when the children were old enough to begin school.

The Developmental Center is now attempting to define and strengthen its strong points so that it may serve as a model to other school systems which seek help in establishing similar programs. Thus, Title III funding for this program will indirectly benefit similarly handicapped children in other areas.

The rhythm band in the deaf-blind class.

The Chesterfield County Learning Disabilities Diagnostic Center

There are countless children with normal intelligence and with no noticeable physical handicaps who nevertheless cannot learn in a regular classroom. Recognition of this fact was a long time in coming. It was not until 1968 that educators, psychologists, social workers, neurologists, and pediatricians even agreed on the term, "learning disabilities," to describe the handicaps suffered by these children. The specific definition adopted by the Learning Disabilities Division of the Council on Exceptional Children, NEA, was as follows:

> A child with learning disabilities is one with adequate mental ability, sensory processes, and emotional stability (but) with specific deficits in perceptual, integrative, and expressive processes which severely impair his learning efficiency. This includes central nervous system dysfunctions which are expressed primarily in impaired learning efficiency.

School systems in the late 1960's began to realize that, although children with learning disabilities could not learn in regular classrooms, they did not belong in the existing Special Education classes, either. This meant establishing a new type of Special Education program and also alerting classroom teachers and school psychologists to the characteristics of these children so that they could be recognized and helped. Such characteristics include hyperactivity, extreme distractibility, apparent overall immaturity, clumsiness, distortions in auditory and visual perception, perseveration, and emotional lability.

History of the Project

An early program for learning-disabled children was that of the school system of Chesterfield County, just south of Richmond, Virginia. For this program, a planning group envisioned a diagnostic center for children suspected of learning disabilities; an educational referral center for children who did not need other center services; and a teaching center where a child could receive auditory and visual percepual training as well as psychomotor training while his learning prescription was being worked out by the diagnostic team.

A proposal for funding by ESEA Title III was submitted in 1967 and granted for a three-year period. The purpose of the grant was to provide a complete interdisciplinary diagnosis of learning disabilities, followed by an educational prescription to treat the specific disabilities of each child. An important part of the program was to provide for parent and teacher education.

In addition, the funding was to design a separate program for hearing-impaired children of Chesterfield and surrounding counties, for whom no public school program existed. This was in contrast to the learning disabilities program, which was intended for Chesterfield County children, only. The learning disabilities center and hearing-impaired classes were conceptualized as separate, co-existing facilities with common administration and funding.

Objectives of the Project

The originators of the project gave priority to the following objectives:

1) diagnosing and evaluating children's learning problems;

2) helping children remain in regular classrooms;

3) referring children to special education facilities when needed;

4) providing successful transition classes at the Center for children in need of them;

5) providing inservice training for teachers and other education specialists; and

6) providing audio-visual and other resources to classroom teachers of pupils with learning disabilities.

Establishment of Classes

In the fall of the 1969-70 school year, after a year of planning, the Chesterfield County Learning Disabilities Center began operation. The Center staff was composed

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Center for Diagnosis and Treatment of Learning Disabilities, 8610 Perrymont Road, Richmond, Virginia. Dr. M. T. Turner, Project Director.

of a director, two psychologists, two educational specialists, two speech pathologists, two social workers, a diagnostic nurse, three teachers of hearing-impaired children; six paraprofessional aides; and clerical support.

The Center offered the following services:

Team diagnoses and evaluation.

Each member of a diagnostic team—made up of a registered nurse, a social worker, a speech and hearing pathologist, a psychologist, and an educational specialist—tested and evaluated a child in a different way to bring as much of the total child as possible into the educational evaluation.

Educational prescriptions.

After the diagnostic team evaluated strengths and weaknesses of a child's learning pattern, it prepared an educational prescription to correct the specific learning disabilities diagnosed. The team might suggest teaching methods and materials to be used by a classroom teacher or it might recommend placement in one of the Center's transition classes or elsewhere.

Transition classes.

Center transition classes provided special auditory-perceptual, visual-perceptual, and psychomotor training. They were also used during the time a diagnostic team evaluated a child. They allowed observation of a child in an actual learning situation and provided him with a backlog of successes to carry back to his regular classroom. Each transition class had eight students, who remained in the class from two to six weeks. Most of the students were boys.

To insure continuity and easy transition back to full-time, regular classrooms, the children attended transition classes in the morning only and returned to their regular classrooms in the afternoon. Emphasis in transition classes was on helping children to compensate for their learning disabilities, providing them with academic and social successes; determining the ways in which they, individually, learned best; and raising their academic levels in reading and arithmetic through the use of effective learning disabilities resources, sound remedial techniques, and up-to-date materials.

An average morning in a transition class consisted primarily of one-to-one and small group teaching by both the educational specialist and the most competent paraprofessional aides. Speech therapy was given each morning where needed. An important part of the curriculum was psychomotor training. Coordination, rhythm, gross motor control, and balance of the body were stressed. The educational specialist used music, tumbling activities, military-type drills, relay races, parallel bar exercises, balance beam exercises, and sequences which required following comparatively complicated directions. The children looked forward to the psychomotor activities, which are extremely beneficial in alleviating the physical clumsiness common to these children, in improving eye-hand coordination, and in patterning muscular development.

One-to-one help from a paraprofessional aide. Notice the large, primary-type pencil used to help the child with fine motor coordination.

Classes for hearing-impaired children.

Diagnosis and evaluation of hearing-impaired children were carried out separately from learning disabilities activities because of the need for sensitive auditory equipment. In the classes, for both preschool and elementary children, emphasis was on auditory training and speech reading.

Classroom teacher involvement.

All referrals of children to the Center came through school principals from classroom teachers. While a child underwent the two days of testing at the Center, his classroom teacher was invited there to observe him through one-way, see-through mirrors, in the transition class. So that the teacher could take advantage of this opportunity, the Center provided a substitute teacher for her class. The referred child's self-esteem ordinarily was strengthened by the teacher's visit to the Center and the realization that the teacher cared enough to leave the rest of the class to come to help him.

When an educational prescription had been prepared, it was hand-carried to the child's regular school, where members of the diagnostic team met with the teacher to carefully explain the educational prescription and provide specific materials to carry it out. Every effort was made to provide prescriptions which might prove useful to the other 25 or 30 children in the class, as well.

Parent involvement.

Transportation was not provided between the home, the Center, and the regular classroom. Parents were responsible for transporting their children. While a child was tested by the diagnostic team, the parent was interviewed by the registered nurse and the home-school coordinator to gather information about the child's physical and emotional health as well as to uncover problems the parents and child might be having at home. During the interview, the diagnostic team emphasized that the parent's help was genuinely needed and wanted and that he or she was an important mediator in the treatment of the child. The parents' help and cooperation was actively sought by the Center because of the important role they play in a child's outlook on life. Sometimes, when parents observed their children through the one-way mirrors, they saw, for the first time, the learning problems suffered by the children.

Many parents, especially those who lived far from the

Boy in younger transition class focuses image on paper taped to the chalk board. He will then trace the image on the paper and color it.

Center, spent entire mornings in the observation room. There, daily progress could be observed and the importance and value of the transition class became demonstrably evident. Often the two to six weeks spent in the transition class meant the difference between success and failure in regular classrooms.

Re-referral service.

When a child returned to his regular classroom on a full-time basis, the Center provided his teacher with a re-referral form to be used if the teacher felt the need for further help. In this way, little time was lost. The diagnostic team got in touch with the teacher within a matter of days.

Inservice training.

The Center provided opportunities for inservice training through observation of the diagnostic and teaching techniques used. These opportunities were available to Chesterfield County teachers, teachers and supervisory personnel from other counties and states who were interested in the Center as a mode of establishing their own programs, and to university and college students.

Plans for the Future

Title III funding for the Center ended with the 1970-71 school year and the Chesterfield County School System has now taken over the program, absorbing the Center into its Pupil Personnel Services. Some changes have been made in Center operation under this new arrangement. Two of the transition classes remain at the Center; the other two have been placed in county schools. There are fewer diagnostic teams and children are being tested and diagnosed in the schools.

Under Title III funding, the Center maintained a library well stocked with reading and arithmetic materials, including laboratory kits and workbooks, but the County is not financially able to maintain the same level and variety of materials. Consequently, children in the transition classes cannot be given their own workbooks and worksheets. Instead, they must use workbooks and worksheets which have a protective plastic sheet over the printed page so that each child's work can be erased.

Weaknesses of the Project

In a self-evaluation report, the Center staff agreed that a shorter planning period and a longer period of implementation would have been more useful. A year of planning time, they felt, was too long and the time schedule followed in the Chesterfield project would not be recommended to another group setting up a similiar program.

The major weakness of the program at the present time, however, is the lack of funds for enough diagnostic teams and for adequate resource materials.

Strengths of the Project

The staff.

The Center's staff was exceptionally well qualified. Under the leadership of a dynamic and energetic director,

Boy in younger transition class, painting.

members of the staff worked well together and complemented each other. The paraprofessionals were exceptionally willing to assume greater than usual responsibility and possessed excellent skills.

Comunication with the schools.

In a relatively short time, the Center made the schools and community aware of its availability and established a reputation for being responsive and dependable and for providing an invaluable service.

Including classroom teachers in the early stages of educational planning for the children, providing substitute teachers so that classroom teachers could confer with diagnostic teams, helping classroom teachers with methods and materials, and providing for re-referral of a child where necessary—these were all strong points which made the Center an exemplary supplemental school service.

Conclusion

The Title III funding in this instance enabled a school system to set up a supplemental center where none had existed before and allowed the Center staff the flexibility and freedom to try new and experimental ideas. Benefits from the program went directly where they were intended to go, to the educational well-being of children.

Normalization in Special Education

Introduction

Social psychologists concerned with the study of the self-concept believe that an individual's image of himself is formed in two ways: first, the way he sees himself and, second, the way he thinks others see him. For a child, the way he thinks others see him determines in large part his own self-concept.

With this fact in mind, educators have long been concerned with the effect on a child of the "Special Education" label. Does the special help he gets in the Special Education class compensate for being seen as different? Is he really helped if he is socially segregated from his peers? What does it do to his self-esteem and self-respect when he spends his school years in semi-isolation? Can he compete socially or vocationally when his social interaction has been limited to other handicapped children?

These questions, of course, cannot be satisfactorily answered. Each child is different and no one measurement can gauge the effect of Special Education on each, individual child.

History of the Project

In the Marshallton-McKean School District, just outside of Wilmington, Delaware, a school principal and a Special Education teacher, both, had strong feelings about the possible damage to a child's self-concept from Special Education placement. They felt there had to be another way to educate these children without attaching the stigma of being different.

With funding from Title III, a project called "Normalization in Special Education" was begun in 1969. The plans called for two learning centers to be established in the Marshallton Elementary School for students at this and the two other elementary schools of the district. The philosophy behind the learning centers was that children who ordinarily would qualify for Special Education placement could receive one-to-one tutoring and special help in a central resource room within the elementary school while continuing as participating members of regular elementary classes. In this way, most of their school day would be spent in the regular classroom but the resource room, or learning center, would reinforce classroom learning, bridge educational gaps, and underwrite classroom successes.

Instead of teaching Special Education classes of eight to ten children, a learning center staff would be available to all children in need of special help. It was felt that this type of program would be especially helpful to mildly mentally retarded children, emotionally disturbed children, and children with learning disabilities.

Objective of the Project

The primary objective of the program was to increase the children's rate of academic and social progress. In doing so, however, it was felt the children must be free of Special Education labels and, just as importantly, the teachers must reflect hopeful expectations and optimism. Research has shown that when teachers have high expectations for students, the students generally live up to the expectations and forge ahead; when teachers expect little of students, students meet this expectation and achieve little.

Establishment of Classes

Within the framework of the overall objective, the learning centers were established in the 1969-70 school year and equipped with learning disabilities materials. However, following the results of a research study using an experimental group from the Marshallton learning centers project and a control group from a Special Education department in another school district, it was felt that the learning center model, which used visual and auditory perceptual training, was not leading toward substantial enough academic gains.

In the fall of the 1970-71 school year, therefore, a new learning center model was employed by the project. This model uses behavior modification techniques based on B. F. Skinner's operant conditioning. Learning is broken

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Normalization in Special Education Program, Marshallton Elementary School, 1703 School Lane, Wilmington, Delaware. Mr. Rudolf W. Sauer and Mrs. Kanthi Iyengar, Co-directors.

A boy and his teacher review his progress after a timed drill.

down into its basic component parts and students progress from one part to another. Each student is aware of his own, step-by-step progress and each is positively reinforced all along the way. Learning then becomes a series of successes and allows the student to have a good feeling about himself.

Reinforcing the sense of success is accomplished in several other ways, as well. Praise is freely given by the staff and a progress chart is kept for each student, with a careful daily record of his academic accomplishments. He is thoroughly aware of his base rate level of learning, of his progress for any one day, and of how that progress compares with gains of the day before. Thus, actively involved in his own rate of progress, each student competes, daily, with his own, previous accomplishments rather than with other students.

The project also employs contingency management and a so-called token economy in "reinforcement rooms" attached to each learning center. The token economy is used in three ways. In the first, tokens earned by a child for work accomplished or for other specified behavior may be used to buy new toys "for sale" in the reinforcement room. The toys are then the child's property and can be taken home. In the second, a child can purchase time to spend in a reinforcement room, where shelves are filled with games, toys to play with, and tools to use. In a third, a child may use his tokens in a "lay-away" plan, whereby he can save for a special purchase or for future time in the reinforcement room.

Teaching in the center is done by a staff composed of Special Education teachers and specially trained paraprofessional aides, some of the latter paid through Title I funds. Most of the teaching is on a one-to-one basis, but small group teaching and team teaching are also used. Emphasis is on:

1) identifying the precise area where remedial work is needed;

2) programming carefully the methods and materials to be used to reach a target goal;

3) keeping a daily record of progress, including timed drills and flash card work; and

4) coordinating the children's work with classroom teachers in the regular classrooms.

Since children learn very well from other children, the learning centers use peer tutoring on occasion. The child being tutored acquires academic knowledge and a boost to his self-esteem from the interest and personal attention of the tutor; the tutor receives a boost to his own self-esteem from being able to help someone else. The gains, therefore, are reciprocal.

The Marshallton model called for recognizing and dealing with a child's total environment. In this connection, two problem areas were apparent. The first was the child's home. To answer this problem, a home-school coordinator serves as a social-educational consultant between the home and the school. When the school wants parents to reinforce a target behavior in a child and temporarily ignore other behaviors, it is the job of the home-school coordinator to explain program goals to the parents and to enlist their aid as mediators in the behavior modification therapy of the child.

The second problem was the lack of environmental experiences by many of the children, some of whom had seldom been outside their immediate neighborhoods. In this instance, the proposal was made and funds granted for the purchase of a special school bus for field trips whenever appropriate. This meant that the children could go on a trip while their interest in a certain subject was high and the timing was exactly right. In addition, there would be no limit to the number of trips taken, in contrast to the one or two field trips allowed most elementary school classes.

Plans for the 1971-72 School Year

During the 1970-71 school year, students who had previously been in Special Education classes at two of the elementary schools and who were now in regular classes at Marshallton with learning center help were still being seen as different. They were known as the "bussed-in-kids" because of the need to bus them to the Marshallton Elementary School. This problem worked against their

In the small reading group, each child receives the help he needs.

reaching project goals and was a matter of real concern to the staff.

Another concern was what would happen to those sixth grade students who would be leaving Marshallton at the end of the year still in need of remedial help.

To answer the first, plans were made to diffuse the learning center model to all three elementary schools in the district. Each school would then have its own learning center and staff and the children involved would stay in their own neighborhood school. Any stigmatizing effect could be avoided.

To answer the second, it was decided to set up a learning center in the junior high school serving the three elementary schools.

In the spring of 1971, the learning center staff at Marshallton began the task of diagnosing and evaluating the educational needs of the children in need of special help so that the new learning centers could begin operation on the first day of school in September. In the spring and summer, staffs of the new centers visited the Marshallton project, attended workshops, and received technical assistance from Glassboro State College consultants to make the new centers as effective as the first one. The centers, each with an adjoining reinforcement room, are now in full operation in the four schools. Objectives remain basically the same: to improve academic skills; to improve the children's self-concept; to provide concrete experiences through field trips; to provide communication between home and school and increase parental involvement in the project; and to improve teacher attitudes toward students in need of special help.

An unexpected benefit to the Marshallton Learning Center from establishing centers in the other schools has been that it is now possible to expand its services to include gifted children in the program.

Weaknesses of the Project

The learning center model is not for every child in need of special help. While the educable mentally retarded, the emotionally disturbed, and children with learning disabilities can benefit the most, the emotionally disturbed children must be well enough to tolerate the hustle and bustle of the learning center as well as the constant activity in the regular classroom. The several one-to-one teaching-learning activities in the same room and the frequent shifting and moving around by the children in the program could be highly distracting to some children, who might never be able to adjust to it.

Another weakness may lie in the fact that field trips have had to be curtailed because the special bus is now shared by all the learning centers. Whether the gains from the spontaneity of the previous arrangement will be lost under the new remains to be seen.

Staff members of the learning centers realize that the model may not be the answer for all children with learning problems. They also realize that the long-term effect of the program is not yet known.

Strengths of the Project

A child in this program can avoid the label of Special Education. He may go to the learning center at the same time, each day, as a gifted child who reads so far beyond his grade level that he needs special help to maintain interest and motivation in learning. Neither child thinks he is different or odd. Their schedule is just an ordinary part of the school day.

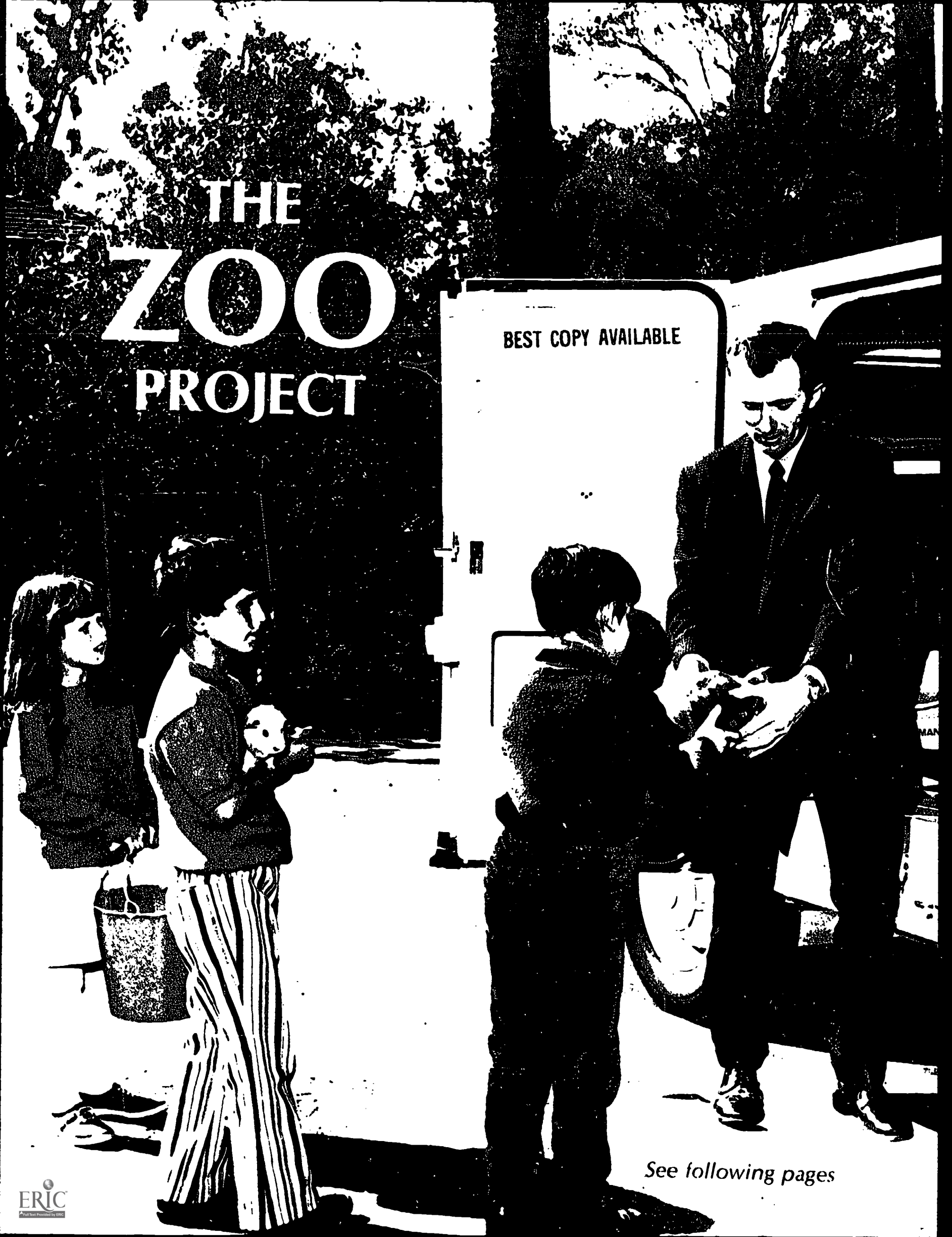
The teacher who has a formerly Special Education child for most of the day sees the steady progress he can make academically, sees how he fits into the classroom scene, and gradually forgets about labels. She knows that if the child needs more help than she can give in the classroom, there is a resource room where he can find it. And both the student and the teacher have someone to whom they can go for help.

The precision teaching approach used in the learning center is based on attainable objectives, not long-term, abstract goals. This means that all concerned—students, learning center teachers, classroom teachers, and parents—see concrete, positive progress. Each child is receiving positive reinforcement to his self-image from all the significant others in his life.

Conclusion

The learning center model developed at Marshallton during the 1970-71 school year and funded by Title III is a model of the future which many school systems will adapt to fit their particular needs. Today's specialists believe in getting children out of Special Education and into the regular classroom and the Marshallton project is an effective way to accomplish this goal.

THE ZOO PROJECT



See following pages

THE ZOO PROJECT *(Cont.)*

PRECEDING PAGE—"Hold her carefully; her name is Granny." Children in the "In School" portion of the Zoo Project look forward eagerly to the arrival of the van from the Zoo. Pets come for five weeks. Food, instructions for care, and teaching suggestions accompany each pet. In addition, "exotic" animals that cannot remain overnight come for brief afternoon visits.

"I love you, Coco!" Teachers report that animals have a calming effect on children. Some children whose learning problems have affected their interpersonal relationships with adults and other children, find through the animals a means of expressing and receiving love.

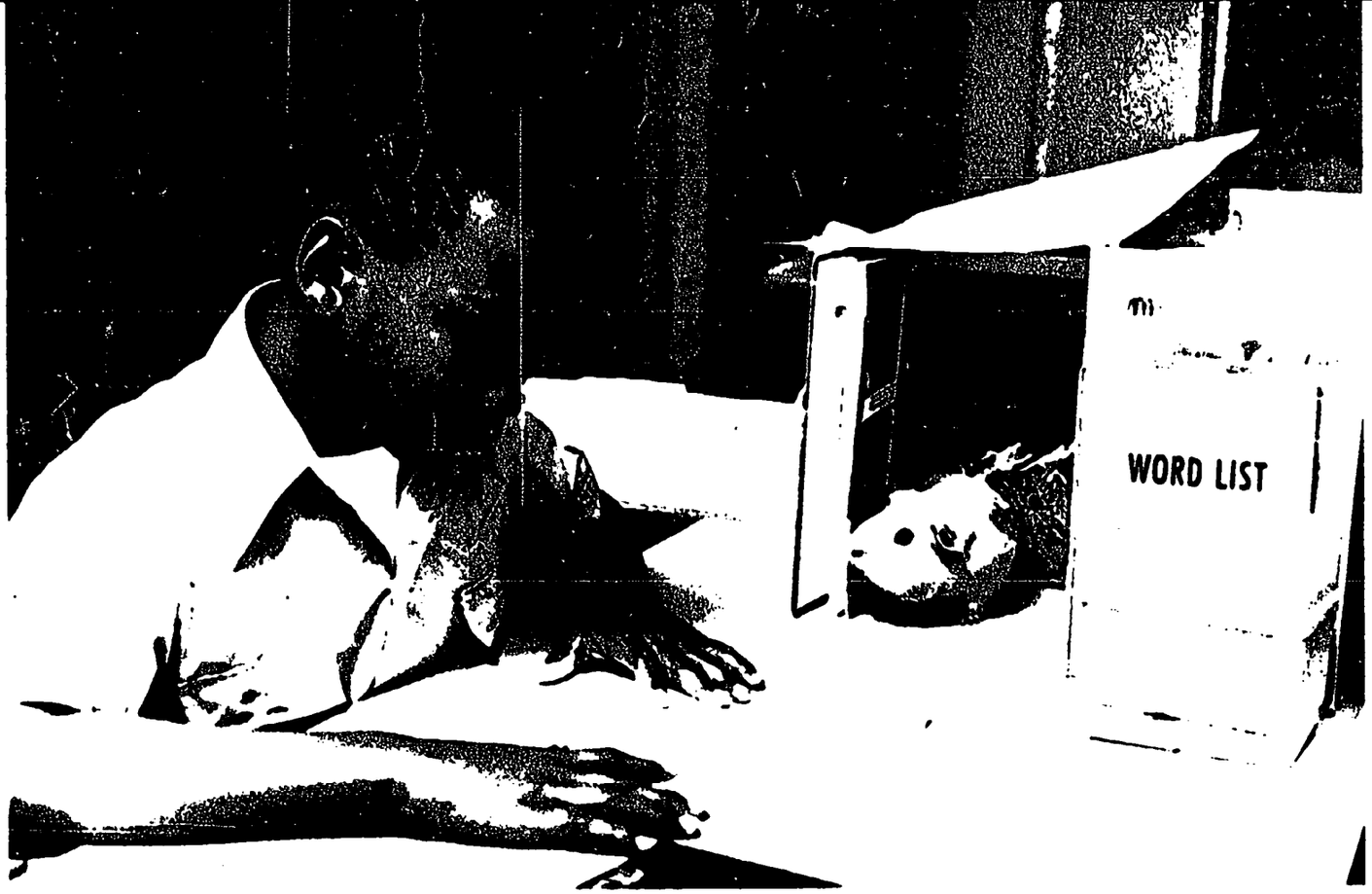
"Now listen to the sound she makes." An unexpected bonus from the "In School" portion of the project has been the improved status and self-image of children in special education classes as they share their Zoo pets with other classes in the school. Suddenly, children who have often felt "different" are the experts, looked upon with envy by children in other classes.

"Maybe Fred would like some water." The project provides opportunities for care and handling of animals. This practice in giving love and tenderness helps children realize the animals' need for food, rest, play, consideration, and body care. Projection can help children realize these needs in themselves and others.

"See! The book was right! She doesn't have any top teeth!" Teachers report that the experiences with animals stimulate reading in a variety of books. Verification of observations is often required following class discussion. Natural opportunities for research develop as children wonder, "Why did the fox do that?" or "Why is the tarantula made like that?"

"But Mrs. Platz, if he's too wiggly to measure with the yardstick, couldn't we measure him with a string like we did our ball?" The animal experiences provide occasions for reasoning and generalizing. Opportunities arise for estimating, measuring, and weighing activities that lead to math and language lessons back at school.

FOLLOWING PAGE—"Let's see what I'm supposed to find out about you, Waldo." A wide variety of materials and activities have been developed by the teachers in the project. While using these materials to study the animals, children gain experience in many curriculum areas as well as practice in study skills.



THE ZOO PROJECT *(Cont.)*

The Zoo Project for Handicapped Children is a Title III project in which several San Diego, California, area school districts are cooperatively involved. The program is designed for the educationally handicapped in both self-contained classes and learning disabilities groups and for the educable mentally retarded and trainable mentally retarded. Cooperating school districts include the San Diego Unified School District, the La Mesa-Spring Valley School District, the Chula Vista School District, the Cajon Valley Union School District, and the Department of Education, San Diego. In addition, various private and parochial schools participate.

The project includes two programs: the "In Zoo," in which classes come to the Zoo two mornings a week for four weeks; and the "In School," in which classes have different pets in their classrooms, a week at a time for five weeks, and unusual Zoo animals for afternoon visits on five different occasions.

Believing that the best approach to teaching children with learning disabilities is individualized instruction, project personnel have established no fixed curriculum nor sequence of activities. Instead, each teacher plans activities according to the children's learning needs and the range of challenge they can handle. The only limitations imposed are the availability of specific animals at any given moment. Typical lessons might include:

- language—observing, vocalizing experiences, dictating words, sentences, stories, and planning and presenting programs
- mathematics—tallying animals in an exhibit, using the data to develop graphs, simple counting experiences, and weighing and measuring
- music—studying the sounds and rhythms of animals and developing rhythms and songs appropriate to an animal
- art—observing colors, textures, and patterns in animals and looking for details, shapes, similarities, and differences, the latter four activities involved in reading skills, as well
- reading—developing reference skills in finding out more about what has been observed and greater vocabularies as a result of what has been discussed about the animals
- geography and science—following through on opportunities naturally generated by experiences with animals

The project operates on the premise that living things have a special fascination for children which can be used to advantage to teach school subjects; further, that animals provide a multi-sensory stimulation not met by the standard school approach and that children's natural empathy for animals can help them learn to understand and better relate with people.

The major goal of the Zoo Project for Handicapped Children, however, is the important one of supplying motivation. The special force working in the program is the sharp, shocking difference from a standard school approach, especially for children who have encountered repeated failures in that standard approach. The Zoo experiences break up the pattern. Suddenly the child finds a reason to do school tasks. And it is his own, realistic reason, based on needs that he, himself, feels and understands.

Zoo Project for Handicapped Children, San Diego Unified School District, 4100 Normal Street, San Diego, California. Gerald L. Lamb, Project Coordinator.

Title III Projects for Deaf, Blind, and Language-Disabled Children

The earliest schools for handicapped children in the United States were those for the deaf, established in 1817, and for the blind, established in 1837. These were more than a century ahead of the first real ground swell for special education in the public schools, started by parents of handicapped children in the 1940's.

Despite their comparatively early beginnings, however, educational facilities for the deaf and the blind were usually privately endowed, beyond the reach of persons of moderate income, and always in separated schools. Further, there was generally little appropriate help for the child who had a degree of hearing or the child who was partially sighted. These disabilities in some cases were not even recognized. And the educational implications for the blind or deaf child who had attendant emotional disorders or for the blind or deaf multiply-handicapped child were accorded little or no attention whatsoever.

The same could be said for children who had a communication disorder. Children with speech problems are among the second largest single group of those needing special attention, with three or four out of every 100 school-age children having such difficulties. Here, too, the handicap is often complicated by attendant emotional disorders.

The Title III projects for blind and partially sighted children, for the deaf-and hearing-impaired, and for those with communications disorders reflect the range and variety beginning to be evident in classes for the handicapped and in the research that has gone into their design.

■ In Alameda County (California) Schools, for instance, 125 blind and partially sighted elementary school children participate in a project whose major objective is to provide an experience-centered instructional program in science. Many blind children live in a world of words which have no concrete meaning in their own experience. To gain that meaning, they must come to grips, literally, with the physical and biological world. The program's emphasis, accordingly, is on a laboratory approach, stressing nonvisual observation, the manipulation of materials, and the development of language skills to describe and explain the experiences.

The project adapts the materials of the Science Curriculum Improvement Study (SCIS), one of the major innovative elementary science programs funded by the National Science Foundation. Evaluative information obtained from extensive investigation at the California State School for the Blind is used to produce the adapted version of each unit, which is then field tested in regular classrooms containing one or two visually handicapped children. Adaptations completed range from special aquaria, to enable blind children to feel and handle live goldfish while exploring their behavior, to an approach for separating solutions from nonsolutions, using sound and filtering instead of visual inspection.

Project endeavors have exceeded expectations in regard to the capacity of blind children to handle materials and to take a laboratory approach to science. Significant progress has also been made in the development of group and individualized tests of the primary-age child's knowledge of and attitude toward science. Little or no prior information on this topic was available.

"Many blind children live in a world of words which have no concrete meaning in their own experience. To gain that meaning, they must come to grips, literally, with the physical and biological world."

One of the most promising results of the project so far is the increased interest by educators in the use of a laboratory science program for blind children. The project will also have the capability of serving as a model for those interested in adapting other innovative instructional programs to be used in teaching the handicapped. The adapted teaching materials and the evaluation will be available to educators of the visually handicapped after the project is completed.

■ In another Title III project for the blind, 83 children and young adults, ranging from preschool to recent high school graduates, of the Portland (Oregon) Public Schools

participated in a program for increasing compensatory skills and minimizing educational gaps. Pre vocational training, work experience, and orientation-mobility instruction was provided on a year-round basis. A six-week summer school for children preschool through ninth grade included instruction in specific compensatory skills in both academic fields and personal management areas, as well as opportunities to participate in field trips, arts and crafts, physical education, industrial arts, and, for pre-

"Some students in the work experience program were placed in the business community, where they had successful on-the-job experiences . . ."

school children, developmental activities. In all areas, the children worked toward individual objectives.

Some students in the work experience program were placed in the business community, where they had successful on-the-job experiences; others worked in the sheltered workshop, took volunteer assignments, or received instruction in prevocational skills such as typing, using a dictaphone, writing signatures, and filling out applications.

■ Both the science and the supplementary services programs have implications that reach far beyond their immediate educational value for the students involved. The same could be said for another Title III project for the handicapped, this time for deaf children. A total approach to the education of the deaf, the project applies the Verbo-Tonal Method in instruction of hearing-impaired children.

Used in a class of 60 children who live within a 40-mile radius of Columbus, Ohio, and who have severe hearing impairments as a result of the multiple handicapping syndrome of Rubella, this method is designed to elicit speech from deaf children by the stimulation of the speech production mechanism. A system of body movements is employed to produce the desired degree of tension or relaxation on the organs involved in articulation. When speech production is accomplished, the syllables and words are integrated into a rhythmic speech patterning similar to that of persons who can hear. Thus the deaf child is provided with the correct voice quality, rhythm, rate, accent, and intonation.

The next step is to implant the words and phrases into meaningful situations so that the deaf student can build a language foundation, both mechanically and substantively.

In conjunction with the speech and language development, the students receive individualized instruction to develop their residual hearing. Finally, by using specially designed equipment to selectively filter sound, optimal hearing for each child is developed and speech comprehension and intelligibility are increased.

Findings to date indicate that (a) the children have increased speech intelligibility; (b) they make better and more effective use of what residual hearing they possess, (c) rhythm, rate, and speech units are produced with better breath control and physical and motor control; and (d) memory span and recall in regard to language detail and factual information is significant.

By September of this year, thirty-three out of the original sixty children were back in regular kindergarten and first grade classrooms. The project evaluation of the Verbo-Tonal Method indicates that it has many implications in the education of the deaf, allowing them an opportunity to make an earlier and more complete adjustment into a hearing-enabled society. The method developed through the program, according to the staff, is adaptable to funding on a local level without hardship to the funding agency.

■ Turning to another general category, speech disorders, the assistance of Title III in helping to combat this widely prevalent handicap among school children can be illustrated by the experience of one small, rural school system, the Franklin Northwest School District of Swanton, Vermont.

In 1968, a survey of all elementary teachers in the district indicated that they felt speech therapy was one of the foremost needs of the children in their classrooms. Heretofore, the limited number of speech pathologists available to them and the inability of this school district to assume the financial burden involved had barred any such program.

Following the survey, a meeting of personnel from the district and the Speech Department of the University of Vermont produced the idea that classroom teachers might be trained and supervised by a qualified speech pathologist in an experimental program and that such training added to the teachers' already existing competencies might enable them to provide the services needed by their students.

During the project's first year, twenty teachers— including five from a parochial school—under the supervision of a speech pathologist conducted their own screen tests, diagnosed speech disorders, and developed pro-

"Following the survey, a meeting of personnel from the district and the Speech Department of the University of Vermont produced the idea that classroom teachers might be trained and supervised by a qualified speech pathologist in an experimental program . . ."

grams for individual students. Of the 684 children tested, 186, or more than 27 per cent, were found to have significant speech disabilities.

During the second year, a demonstration center for grades 1-3, where implementation of a speech therapy program within a class structure could be viewed, was established. Teachers from the first experimental year formed the nucleus of the demonstration center staff. Also in the second year, inservice training was provided for other teachers and clinical speech therapy by a speech pathologist was provided for both elementary and sec-

ondary students where needed. Thus, the project moved from an experimental phase to a combination demonstration-extension phase where objectives were successfully met.

■ Handicapped children who participated in Title III projects in Utah and Texas demonstrated the close tie-in between speech or communication disorders and learning disabilities in general.

At the Remedial Center for Communication Disorders, Nebo School District, Spanish Fork, Utah, for instance, a major purpose was to create a learning center for children who were multiply-handicapped and had not responded to traditional treatment because the complexity and relationships of their basic needs had not been discovered or understood.

The center combined techniques and skills applied successfully in other locations and added the divergent professional skills of every specialist who might contribute—the psychologist, the social worker, the communication clinician, the educator, and others.

As with other projects in this field, a critical need was the lack of trained personnel. Another top objective in establishing the center, therefore, was to use it as a pre-

"Both remedial and regular classroom teachers were trained to recognize, prescribe, and remediate learning disabilities created by communication deficits."

service and inservice training base for personnel of cooperating school districts and as a training center for teacher-trainees in cooperating universities. Both remedial and regular classroom teachers were trained to recognize, prescribe, and remediate learning disabilities created by communication deficits.

From this work came development of criteria for identifying children with specific learning disabilities by describing observable behavior. Another project contribution was a broad range of materials and teaching techniques developed and evaluated for the diagnosis and treatment of these handicapped children.

Evaluation of the center's work as a whole indicated that a sample of forty-five students made significant gains at the end of training periods ranging from two to seven months and that follow-up training by specialists within the classroom had positive value, as statistically demonstrated in two different studies.

■ Somewhat similar to the objectives of the Utah project just described, the objectives of Project T.O.L.D. (Tutors of Language Disorder), at Abilene, Texas, were (1) to provide instructional services for pupils in language disorders and, in so doing, to determine the effectiveness of individual tutors, and (2) to encourage cooperative action with private schools and colleges in developing teacher training courses dealing with this type of disabled child.

A total of 336 students, all of them diagnosed as having language disorders, from schools at all levels in the Abilene Independent School District and in nearby parochial

"Behavioral changes, noted by teachers and principals, were also noteworthy, the students demonstrating greater self-confidence and independence, greater willingness to participate in class discussions, and more effectiveness in doing so."

and rural schools, received individual tutoring through this project. The effectiveness of individual tutors, working on a one-to-one basis, was determined through a number of ways, including pre- and post-standardized tests. Evaluations indicated that these handicapped children made approximately the same gains as students in self-contained and itinerant classes. Behavioral changes, noted by teachers and principals, were also noteworthy, the students demonstrating greater self-confidence and independence, greater willingness to participate in class discussions, and more effectiveness in doing so.

Following this project, local colleges and a university initiated programs within their curriculum to supplement teacher training in this field.

■ A final project in this section is the Auditory Perceptual and Language Development Program of the Independent School District of Boise City, Idaho. This project grew out of a need for the identification, diagnosis, and training of those children who have auditory perceptual problems severe enough to interfere with auditory learning in the classroom. Such children have normal hearing acuity but do not always correctly interpret what they hear. Their auditory imperception shows up in many ways—poor discrimination of speech sounds, short auditory memory span, and problems of inattention—any of which may constitute a learning disability.

The project's objective was to provide a structured, sequential training program to improve the communication skills of these children to the extent that they became noticeably more competent in following classroom procedures and in accomplishing classroom objectives at accepted levels.

Through observation and referral by classroom teachers and testing by project personnel, the two most severely disabled children from each class were put into remedial classes. These classes met for half-hour sessions, four days a week for fourteen weeks. Post-tests indicated that all of the children had made appreciable gains in their total linguistic ability.

The training program was structured and sequential, beginning with the basic skills of discriminating gross sounds and environmental sounds and proceeding to the discrimination of speech sounds and their association with the letters they represent, sequencing sounds in words, synthesis of sounds, analysis, and finally listening for speech in noise on pre-recorded tape.

In this project, too, inservice training was provided. Classroom teachers in the program, all speech and hearing personnel, and teachers from a parochial school attended workshops conducted by nationally recognized consultants in auditory learning problems. In addition, a substantial library of books, audio visual materials, and

other learning and teaching resources were built up through the Title III grant.

The following Title III projects were discussed in this article:

- Adapting Science Materials for the Blind, c/o Dr. Herbert D. Thier, Lawrence Hall of Science, University of California, Berkeley, California. Dr. Herbert D. Thier, Project Director.
- Supplemental Services for Blind Children, Portland Public Schools, 220 N. E. Beech Street, Portland, Oregon. Miss Helen Stricklin and Mr. Edgar A. Taylor, Project Directors.
- Application of the Techniques of the Verbo-Tonal Method, Alexander Graham Bell School, 1455 Huy Road, Columbus, Ohio. Mr. James W. Card, Project Director.
- Speech Improvement Project, Box 123, Swanton, Vermont. Mr. Fay G. Whitcomb, Superintendent.
- Remedial Center for Communication Disorders, Nebo School District, 50 South Main Street, Spanish Fork, Utah. Mr. James Dunn, Project Director.
- Project T.O.L.D., Abilene Public Schools, Box 981, Abilene, Texas. Mr. George J. Kampert, Director of Special Education.
- Auditory Perceptual and Language Development Program, 1207 Fort Street, Boise, Idaho. Miss Geri Plumb, Director.

PERFORMANCE CONTRACTS AND HANDICAPPED CHILDREN

With the aid of Title III funds, two school systems have embarked upon performance contract learning projects which involve handicapped children. At the Coldbrook School, Grand Rapids, Michigan, the program, established for 150 educable mentally retarded students, is designed to improve reading and mathematics, provide a more adequate emotional and social adjustment, and reduce per capita cost of instruction. Payment to the contractor will be based on student achievement, retention, and cost effectiveness.

In the Bristol (Virginia) Right to Read Program, the project will seek to improve reading achievement of 90 per cent of the participants to 1.0 grade level in one school year. Monetary incentives will be provided to exceed the reading improvement goal under performance contracts between professional and paraprofessional staff and the school board and nonmonetary incentives will be provided student participants.

Area-Wide Projects in Special Education

Among the most promising Title III projects for the education of exceptional children are those which involve local schools on a state-wide or regional basis. Reaching out to communities scattered across wide areas, these projects constitute the means of answering some of Special Education's most urgent needs. One such need, regarded as the most serious of all by some specialists, is that of getting information to the teacher in the classroom. Without an effective mechanism to disseminate information to teachers, there is little hope of extending or changing programs for handicapped children. Another need, related to the first and only somewhat less urgent, is for more efficient ways to use limited funds, particularly to support training programs for greater numbers of personnel. Joint planning and coordination of the various professional groups involved, initiation of new or expansion of old programs, and cooperative efforts by schools and school systems have been demonstrably effective in finding answers.

■ Among Title III projects designed particularly to meet the first need described above is PRISE (Pennsylvania Resource and Information Center for Special Education), a unit of the Regional Resources Center of Eastern Pennsylvania for Special Education, King of Prussia, Pennsylvania. Offering services free of charge to special educators throughout the state, PRISE has three components:

"PRISE's search for information about Special Education uses every possible source—journals, research reports, books, speeches, information bulletins . . ."

- publication and distribution of newsletters to Pennsylvania teachers of children who are mentally retarded, emotionally disturbed, blind or visually limited, deaf or hard of hearing, speech impaired, physically handicapped, or learning-disabled;
- searches upon request by teachers for literature which will supply in-depth information on a specific need or problem and a resultant package of information delivered to the teacher and including a bibliography and articles related to the problem;
- a pilot program in which a request for information goes from a teacher to the Special Education materials center of the school system involved, is transmitted by the materials center via teletype to PRISE, there researched, and answered by teletype, reversing the route back to the inquiring teacher.

PRISE's search for information about Special Education uses every possible source—journals, research reports, books, speeches, information bulletins—available to the Eastern Pennsylvania Special Education Center's information retrieval system. The information acquired is used in developing new programs using innovative and exemplary techniques, in improving existing programs, and in bringing teachers up to date on new methods, new products, and new directions in Special Education.

■ Another Title III project, the Regional Prescriptive Instruction Center (PIC), attached to the Special Education Division of the Minneapolis (Minnesota) Public Schools, uses a different approach to answer the related problems of supplying information and inservice training to teachers. The PIC's activities focus on children whose learning is markedly below expectations based on age, level of intelligence, and instructional service provided. These children very often have learning handicaps associated with perceptual difficulties in visual or auditory functioning or in visual-motor coordination.

The PIC has three interdependent aspects. The first involves a detailed assessment of a student's performance in fundamental learning skills and cognitive-sensory functioning. This assessment is the basis for determining an individually prescribed instructional plan. The second is provision of selected instructional materials to facilitate implementation of the remedial plan of instruction. The third is developing the effectiveness of teachers and par-

"Through analysis and classification of specialized materials, those appropriate to a specific situation are selected."

ents in coping with children who evidence such specific learning problems. Included in the third are inservice training for teachers, supportive services for students and their teachers in carrying out the prescribed program, and meetings with parents to provide information and guidance.

In assessing a student's learning performance, an educational assessment team from the PIC staff gathers information about a student's strengths and weaknesses and about his behavior patterns. A methods and materials specialist is responsible for assessing basic learning skills and synthesizing the assessment with additional information obtained by a diagnostic classroom teacher, a social worker, and a learning specialist. The skills of other professionals, e.g., audiologists, speech and language specialists, and pediatric-neurologists, are used when needed.

A basic part of the PIC services is the supply of instructional materials and the use of an associated indexing system. Through analysis and classification of specialized materials, those appropriate to a specific situation are selected. An important and continuing objective of the PIC is to construct and then adapt materials for use in the remediation of learning problems. Instructional materials and equipment from the PIC are regularly provided, on a loan basis, to implement prescribed instructional plans. The methods and materials specialist is available for demonstrating instructional materials, and inservice sessions, seminars, and materials workshops are scheduled throughout the school year. Through the PIC's Satellite Service, a professional team can be based in a local school for a specific time to provide inservice training, materials demonstrations, and parent and teacher conferences.

■ Different in every way from the PIC, except in the common attempt to meet specific local problems, the Northwest Colorado Child Study Center is a cooperative venture of five rural northwestern Colorado school districts. Now supported by local funds, the center was established through Title III to design a model program which would allow children with special learning needs to stay in regular classes. For these isolated school districts with their low school populations and limited resources, a special program for such children came prohibitively high.

The center's operations are based on two premises: that these children can benefit in specific ways if they are taught in the familiar setting of regular classrooms and that the classroom teacher represents the best school person to continue special programs. To reduce the responsibility placed on a teacher, however, the center uses Learning Analysis, a technique through which the teacher participates with a center child study team in an in-depth study of the child. Learning Analysis has five levels of communication between the teacher and the specialists. These include (1) developing awareness through active listening, (2) expressing positive feedback, (3) organizing a learning strategy, (4) exploring the child's learning style, and (5) arriving at a conclusion on some aspect of the problem. If any stage of the process breaks down, the team drops back to a more basic level. Inherent in the model is consideration of varied learning techniques adaptable to the needs of a specific child.

Although concerned with reducing a child's problem or problems, the center's philosophy puts special emphasis on working through the child's strengths. During conferences between the team and the classroom teacher, experiences, insights, and observations related to a child are shared. Any conclusion reached must be appropriate to the teacher's situation, attitude, and abilities. Long-range goals are recognized as essential, but an immediate plan to help the teacher help the child is regarded as highly important.

The Learning Analysis method encourages the classroom teacher to upgrade her abilities and to experience job satisfaction at the same time that it allows the child to be aided within his own academic environment. Of even greater significance, it eliminates the isolation, disorientation, and stigma attached to the child who formerly was transferred to a special class.

The model has functioned so successfully that all Special Education students have been returned to regular classes. The project, established to serve the elementary schools of one county, now serves thirteen elementary and secondary schools in five districts within three counties. A recent survey indicated that between 80 and 90 per cent of the children had improved so significantly that they were performing only slightly below the norms set by the other children, while 17 per cent of the project children were surpassing average levels of responses on standardized tests. Parents have overwhelmingly favored the project's approach and the majority of the teachers have indicated that they can manage the additional responsibility provided they continue to receive support from the specialist team.

■ Project 3R of the Cooperative Special Services of North Central Connecticut, Suffield, Connecticut, is another cooperative venture in special education funded under Title III. In 1970, close to 150 socially-emotionally maladjusted children in grades 1-6 of the public schools of four towns participated in this project.

Employing a new conceptual model which uses ecological strategies, this program is designed to *re-educate* children so that they can cope with *reality* in their schools and social settings and develop *responsibility* for themselves and for others. The project includes both a diagnostic and an educational program. In the first, a multidisciplinary team provides services to the children and consultation to classroom teachers and the 3R staff. In

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the second, emphasis is put on reading, writing, and arithmetic in an effort to instill a sense of adequacy in each child. Individualized instruction, behavior modification, and reality therapy techniques in an extended school day are provided by a four-member teaching team, made up of a teacher-counselor, a liaison-teacher-counselor who serves as a link between the children and the second school, a teacher-aide, and a program coordinator who is a faculty member in Special Education at Central Connecticut State College. The latter is also coordinator for a part of the program which, in collaboration with the college, offers practicum training for students in Special Education and graduate work with forty teachers from schools in four towns.

"The aim here is to return each student to his regular school and life routines, his behavior modified and his academic skills improved."

In another unit of the program, eight students at a time, ages six to twelve, receive special attention in facilities established for the purpose in an elementary school. The aim here is to return each student to his regular school and life routines, his behavior modified and his academic skills improved. Average stay in this unit is six months. At the conclusion of its first year of operation, eleven out of twelve students in this part of the program had returned to their home schools, showing gains in academic achievement of approximately one month for one month's work and positive changes in self-perception, according to standardized tests.

In the 3R program, local communities have formulated plans to assume the financial responsibility for diagnostic services and tentative plans have been made to continue the direct services of the program and possibly to add units for severely disturbed children.

■ A final project among the many which could be included in this section is titled "Program Models for EMR Students," at the Mentor Coordinating Center, Mentor, Ohio. Through this project, the center is seeking answers to another of the needs termed critical in education for the handicapped the need for evaluative methods in Special Education. The goals are these: (1) to develop a method of evaluating the effectiveness of programs for the educable mentally retarded; (2) to evaluate existing models of EMR programs to determine which are most effective; and (3), a highly important corollary of the first two, to develop a process of implementing the results of the project with teachers of EMR students.

In working toward its goals, the center will involve eight satellite centers, 46 counties, 190 school districts, and 4500 students.

A major obstacle to effective evaluation of programs for EMR students has been the lack of specific measurable objectives to be used as evaluation criteria. In the first phase of this project, therefore, approximately 300 Special Education teachers will participate in inservice training at the eight satellite centers. A primary objective of the inservice will be, first, to learn how to write behavioral objectives in ten curriculum areas and, second, to field test these objectives in their own schools. The objectives will reflect the expectations of public educators in the performance of EMR students in primary, intermediate, junior high, and senior high schools in urban, suburban, and rural areas in Ohio.

As a second step in the project's work on developing a method of evaluation, an evaluation process which is based on behavioral objectives and which could continue at termination of the project will be instituted in the statewide EMR program.

To reach the project's second major goal, that of evaluating existing models of EMR programs to determine which are most effective, the project will establish a representative sample of models and compare them against criteria developed for each. The sample will include models using the self-contained classroom, the resource room, use of teacher aides, regular classes, and high and low IQ. The evaluation will include pupil progress data, classroom data, and cost-related data.

Since a massive amount of information will be collected in this research project, computer services will be utilized. The resource consultants and a project management board will assist an outside research organization in the design and implementation of the data bank. It is anticipated that programs will be developed to create a master file of information, a retrieval system for each separate area of information, and statistical routines to fit evaluation designs. The complete data process will be operational by September, 1972.

"A major obstacle to effective evaluation of programs for EMR students has been the lack of specific measurable objectives to be used as evaluation criteria."

The following projects were discussed in this article:

- PRISE, Regional Resources Center of Eastern Pennsylvania for Special Education, 443 South Gulph Road, King of Prussia, Pennsylvania. Mr. Robert L. Kalapos, Project Director.
- PIC, Regional Prescriptive Instruction Center, Special Education Division, Minneapolis Public Schools, 3900 West River Road, Minneapolis, Minnesota. Dr. Robert L. Guarino, Director.
- Child Study Center, P. O. Box 1234, Steamboat Springs, Colorado. Mr. Donald J. Sanders, Director.
- Project 3R., Cooperative Special Services Center of North Central Connecticut, Mountain Road, Suffield, Conneticut. Mr. George Bondra, Project Director.
- Program Models for EMR Students, Mentor Coordinating Center, Garfield Elementary School, 7090 Hopkins Road, Mentor, Ohio. Mr. James J. McCabe, Director.

ESEA Title III Projects For Handicapped Children

State Plans Programs

ALABAMA

Operation Hope, Mrs. Linda Reeves, Director, P.O. Box 250, Guntersville, Alabama 35976

A Study of Deaf, Hard of Hearing and Normally Hearing Children, Dr. Gwenyth Vaughn, Director, Rt. 11—Box 499, 71 N, Birmingham, Alabama 35201

An Innovative Approach to Special Education, Mrs. Margaret P. Vann, Director, 408 Bank Street, N. E., Decatur, Alabama 35601

Comprehensive Services for Socio-Emotional Conflict, Mr. Wayne Ellis Bradshaw, Director, P.O. Box 1188, Dothan, Alabama 36301

An Approach to Teaching the Handicapped, Mrs. Mary Jane Caylor, Director, 714 Bob Wallace Avenue, Huntsville, Alabama 35801

Special Education Project, Mr. John Jackson, Director, P.O. Box 311, Opelika, Alabama 36801

A Special Education Program for Handicapped Children, Mr. John R. Kirkpatrick, Director, P.O. Box 232, Piedmont, Alabama 36272

Special Education Project, Mrs. Virginia Greer, Director, P.O. Box 529, Troy, Alabama 36081

ARIZONA

Pima County Rural Adaptive Education, Mr. Fred Jipson, Director, 132 West Congress, Tucson, Arizona 85701

Attacking Educational Problems in Rural Schools, Mr. Dwight Smith, Director, Box 769, Florence, Arizona 85232

Special Programs Aimed at Reaching Children (SPARC), Dr. John W. Simonds, Director, P.O. Box 27708, Tempe, Arizona 85281

Western Maricopa Special Services Consortium, Mr. Earl E. Moody, Director, P.O. Box 278, Tolleson, Arizona 85353

ARKANSAS

Model Program for Mentally Retarded K-12, Mrs. Almeda Elliott, Director, P.O. Drawer 1115, Cabot, Arkansas 72023

Harrison Educational Research and Development Center—Learning Disabilities, Dr. Clarence Williams, Director, Harrison, Arkansas 72601

COLORADO*

An Interdisciplinary Approach to the Educationally Handicapped, Mr. Lyle Johnson, Director, Cherry Creek Schools, 4700 South Yosemite Street, Englewood, Colorado 80110

Family Involvement in Education (FINE), Dr. Robert Cooley, Directeor, 201-1/2 Santa Fe, P.O. Box 1128, La Junta, Colorado 81050

Focus on Pre-School Developmental Problems, Mr. Tom Hockman, Director, 1115 North El Paso Street, Colorado Springs, Colorado 80903

Committee on Low Achievers in Mathematics, Mr. Terry Shoemaker, Director, P.O. Box Q, Castle Rock, Colorado 80104

Mutually Aided Learning, Mr. Al Thompson, Director, Cherry Creek Schools, 4700 South Yosemite Street, Englewood, Colorado 80110

*Funds only component programs

CONNECTICUT

Project ORFF—Musical Techniques with Mentally Retarded, Mr. Samuel Leone, Director, Office of Auxiliary Services, 777 Burnside Avenue, East Hartford, Connecticut 06108

Project 3-R—Educational Intervention with Emotionally Disturbed, Mr. George Bondra, Director, Cooperative Special Services Center, Mountain Road, Suffield, Connecticut 06078

DISTRICT OF COLUMBIA

Rubella Children Complete School Program, Dr. Enid Wolfe, Director, Department of Special Education, D.C. Public Schools, 1619 M Street, N.W., Washington, D. C. 20036

DELAWARE

Modified Staffing Pattern in the Education of the Deaf, Mr. J. Paul Rudy, Director, Margaret S. Sterck School for the Hearing-Impaired, Chestnut Hill Road & Cherokee Drive, Newark, Delaware 19711

Normalization in Special Education, Mr. Fred Boyer, Director, Marshallton-McKean School District, 1703 School Lane, Wilmington, Delaware 19808

Experimental Educational Environment, Mr. David Klein, Director, College of Education, Room 202, Willard Hall Education Building, University of Delaware, Newark, Delaware 19711

FLORIDA

Creative Media for the Handicapped, Mr. Carl E. Hornsby, Director, 1300 Cooper Street, Punta Gorda, Florida 33950

Columbia EMR Work-Study Program, Mrs. Betty Allison, Director, Route 1, Box 128, Lake City, Florida 32055

Prescriptive Curriculum in Physical Education for the Mentally Retarded, Mr. F. James Duncan, Director, 512 Baya Avenue, Lake City, Florida 32055

A Developmental Design for Educating the Emotionally Disturbed, Dr. Jack R. Lamb, Director, 1105 Bermuda Road, Tampa, Florida 33605

Focus on Abilities of Intellectually Disabled Youth, Mrs. Marjorie Crick, Director, 3323 Belvedere Road, West Palm Beach, Florida 33402

Services for Emotionally Disturbed Children, Mrs. Betty Tackett, Director, Gulf Gate Center for Adjustive Education, 6490 S. Lockwood Ridge Road, Sarasota, Florida 33581

GEORGIA

A Regional Program for Handicapped Children, Mrs. Ruth Ezzard, Director, Ninth District Educational Services Center, Box 548, Cleveland, Georgia 30528

Centers for Specific Learning Disabilities, Mrs. Elinore McCandless, Director, Robert Shaw Center, 395 Glendale Road, Scottsdale, Georgia 30079

Speech and Language Development, Mr. Milton Sutherlin, Director, Houston County Board of Education, Perry, Georgia 30169

HAWAII

Redevelopment of Hawaii English Program Materials for Educable Mentally Retarded Children, Dr. William G. Savard, Director, 1625 Wist Place, Honolulu, Hawaii 96822

IDAHO

Boise Auditory Perceptual Language Development Training Project, Miss Elsie Geddes, Director, Boise Independent School District #1, 1207 Fort Street, Boise, Idaho 83702

ILLINOIS

Complete Communication Development Program, Mrs. Helen Thomas, Director, 1440 West 125th Street, Calumet Park, Illinois 60643

Residential Program for Seriously Emotionally Disturbed, Mr. Stanley Krejsa, Director, Residential School for Boys, 3600 West Foster Avenue, Chicago, Illinois 60625; Miss Mary Broomfield, Director, Residential School for Girls, 4545 South Drexel Avenue, Chicago, Illinois 60653

Inservice Education and Mental Health Procedures, Mrs. Lauretta Naylor, Director, Board of Education Area A, 1750 East 71st Street, Chicago, Illinois 60641

Model Program for Emotionally Disturbed, Mr. Alan Politte, Director, 1021 Lincoln Avenue, Jacksonville, Illinois 62650

Comprehensive Training Program for Retardates, Mr. William Rahn, Director, 1001 West Cossit, LaGrange, Illinois 60525

Peer Counseling in Special Education, Mr. Glenn Kranzow, Director, 4440 West Grand Avenue, Gurnee, Illinois 60031

Multi-Sensory Approach to Learning Disabilities, Mr. John Landis, Director, 1000 Primm Road, Lincoln, Illinois 62656

Teacher Training for Behavioral Management, Mr. Carl Radebaugh, Director, 226 West Judd Street, Woodstock, Illinois 60098

Curriculum Demonstration for the Trainable Mentally Handicapped, Mrs. Jan Hollaway, Director, 1329 Walnut Street, Murphysboro, Illinois 62966

Pre-Sheltered Workshop and Community Placement Program, Mr. John Rapp, Director, 117 West Livingston, Pontiac, Illinois 61764

Early Prevention of School Failure, Mrs. Lucille Werner, 114 North Second, Peotone, Illinois 60468

Midway Teaching and Treatment Program, Mrs. Barbara Pettit, Director, 3202 North Wisconsin Avenue, Peoria, Illinois 61603

Early Help: Educational Diagnosis and Prescription, Mr. Charles Alcorn, Director, 3203 North Wisconsin Avenue, Peoria, Illinois 61603

LD: Clinical Education and Training Center, Mr. Clarence Haege, Director, 200 North St. Louis Street, Sparta, Illinois 62286

INDIANA

Curriculum for the Handicapped, Dr. Rolla Pruitt, Director, 1220 South High School Road, Indianapolis, Indiana 46241

Multi-Sensory Reading, Mrs. Murtice Parr, Director, LaRue Carter Hospital, Indianapolis, Indiana 46202

Deaf and Multiply Handicapped, Mr. Wendell Fewell, Director, Indiana School for the Deaf, Indianapolis, Indiana 46205

Improving Behavioral Problems, Joan Webb, M.D., Director, 329 South Fifth Street, New Castle, Indiana 47362

Special Education Center, Dr. Herbert Reese, Director, Columbus Consolidated Schools, Columbus, Indiana 47201

IOWA

Basic Communication Skills Development for the Trainable Mentally Handicapped Through the Motivation of Music, Dr. Alan Bergstrom, Director, Pottawattamie County School System, Council Bluffs, Iowa 51501

A Diagnostic and Educational Center for Learning Problems, Dr. Keith Hyde, Director, Des Moines Independent Community School District, 1800 Grand Avenue, Des Moines, Iowa 50307

Preschool for the Hearing Impaired, Mr. James Kay, Director, Muscatine-Scott County School System, Alpine Centre South, Kimberly Road, Bettendorf, Iowa 52722

A Pilot Project Utilizing Supportive Personnel Using Behavior Modification Techniques with Articulatory Disordered Children, Mr. Kenneth Barker, Director, Des Moines County School System, Lincoln School, Burlington, Iowa 52601

KANSAS

Supporting Rural Special Education, Mr. Charles Lovenstein, Director, 480 West Fourth Street, Colby, Kansas 67701

Wyandotte County Program for Retarded, Mr. Harry Lowell Alexander, Director, 411 North 61st Street, Kansas City, Kansas 66102

Child Personnel Service Center (BEST)—Better Educational Services Today, Mr. S. C. Winingham, Director, 301 Jackson Street, P.O. Box 869, Pratt, Kansas 67124

Special Education Teacher Aide Project, Mr. John Ganger, Director, Whitson Elementary School, 1725 Arnold, Topeka, Kansas 66604

KENTUCKY

Residential School for Emotionally Disturbed Children, Mr. Don Alwes, Director, 8701 LaGrange Road, Louisville, Kentucky 40222

LOUISIANA

Vocations for Educationally Retarded Pupils, Mr. C. J. Babineaux, Director, Iberia Parish School Board, P.O. Drawer 520, New Iberia, Louisiana 70560

Pilot Study—Neurologically Involved Child, Mrs. Sari Stroud, Director, Lafayette Parish School Board, P.O. Drawer 2151, Lafayette, Louisiana 70501

Preparing Trainable Retardates for Sheltered Employment, Mr. Bobby Robinson, Director, Tangipahoa Parish School Board, P.O. Box 1071, Natalbany, Louisiana 70422

Rehabilitative Experiences Aiding Delinquent Youths, Mr. Alton Braddock, Director, Ouachita Parish School Board, P.O. Box 1631, Monroe, Louisiana 71201

Classes for Children with Learning Disabilities, Mr. R. G. Russell, Jr., Director, Calcasieu Parish School Board, 1732 Kirkman Street, Lake Charles, Louisiana 70601

MAINE

The Open Door, Ruth Sutter, Director, Stonington High School, Stonington, Maine 04681

Arise, Mrs. Elizabeth Morrison, Director, 75 Grant Street, Portland, Maine 04101

MARYLAND

Multi-Media Resource Centers for Handicapped Children, Dr. Mary Schanberger, Director, Baltimore County Board of Education, 6901 N. Charles Street, Towson, Maryland 21204

Early Intervention to Prevent Learning Problems, Mr. Herbert I. Mitchell, Director, Charles County Board of Education, Box 500, Westminster, Maryland 21157

Developing Vocational Training for Special Education Students, Mrs. Gertrude B. Rich, Director, Harford County Board of Education, 45 E. Gordon Street, Bel Air, Maryland 21014

Early Childhood Services for Visually Impaired Children, Mrs. Rosemary O'Brien, Director, Montgomery County Board of Education, 850 N. Washington Street, Rockville, Maryland 20850

Project Spokesman, Mr. Fred J. Distler, Director, Talbot County Board of Education, P.O. Box 1029, Easton, Maryland 21601

MASSACHUSETTS

Project Heed, Dr. Ted Sherwood, Director, 37 West Main Street, Norton, Massachusetts 02766

Franklin County Supplementary Education Center, Antionette Ilardi, Director, 359 Main Street, Greenfield, Massachusetts 01301

Prevention of Maladaptive Behavior in Elementary School Children, Forrest Gilmore, Jr., Director, 1401 Main Street, Holden, Massachusetts 01520

Work Opportunity Center, Richard Hungerford, Director, 106 South Blvd., West Springfield, Massachusetts 01809

MICHIGAN

Instructional Models for Handicapped Children, Dr. Gerhard Carlson, Director, Berrien Intermediate School District, 711 St. Joseph Avenue, Berrien Springs, Michigan 49103

Functional Systems Approach—Learning Disabilities, Mr. Herb Escott, Director, Essexville-Hampton Public Schools, 213 Pine Street, Essexville, Michigan 48732

Guaranteed Performance Contract for Mentally Handicapped, Mr. Robert Whitecraft, Director, Grand Rapids Public Schools, Coldbrook School, 1024 Ionia, NW, Grand Rapids, Michigan 49503

Discovery Through Outdoor Education, Mr. Edward Alexander, Director, Macomb Intermediate School District, 44C01 Garfield, Mt. Clemens, Michigan 48043

Hard of Hearing Child in the Regular Classroom, Dr. Larry Paul, Director, Oakland Schools, 2100 Pontiac Lake Road, Pontiac, Michigan 48054

Job Training Success Program, Mr. Ernest St. Johns, Director, Oceana Intermediate School District, County Building, Hart, Michigan 49420

Haptic Perceptual System Development, Mrs. Yvonne Wilson, Director, Port Huron Area School District, Lincoln School, 2715 South Boulevard, Port Huron, Michigan 48060

Pre-Kindergarten Approach to Re-Learning Life Experiences, Dr. James H. Green, Director, Shiawassee Intermediate School District, Board of Education Building, Corunna, Michigan 48817

Behavioral Engineering for Handicapped Children, Mr. Gene Schirmer, Director, Wayne-Westland Community Schools, 3712 Williams, Wayne, Michigan 48184

MINNESOTA

Special Education Cooperative, Dr. Marvin D. Hammarback, Director, Crookston Regional Interdistrict Council, 119-1/2 North Broadway, Crookston, Minnesota 56716

Prescriptive Instruction Center for Handicapped Children, Robert Guarino, Director, Dowling School, 3900 River Road West, Minneapolis, Minnesota 55406

Regional Instructional Materials Center, William Naylor, Director, 406 Litchfield Avenue West, Willmar, Minnesota 56201

Interim Term, Ray Kolbe, Director, Lakeville Public Schools, Lakeville, Minnesota 55044

Interdistrict Project for Hearing Impaired, Richard A. Johnson, Director, 807 N.E. Broadway, Minneapolis, Minnesota 55413

MISSISSIPPI

Group and Individually Prescribed Instruction for Handicapped Children, Dr. James Hunt, Director, P.O. Box 149, Aberdeen, Mississippi 39730

Establishment of a Pilot Class for Emotionally Handicapped Pupils, Jack C. Cochran, Director, 1593 West Capitol, Jackson, Mississippi 39205

Resources and Development Center: Special Education, Mrs. Anna Stanfield, Director, 1215 Church Street, Mississippi City Station, Gulfport, Mississippi 39501

MISSOURI

Model for Children's Learning Center, Dr. Paul Onkle, Director, 8701 Mackenzie Road, St. Louis, Missouri 63123

Jennings, Missouri, Learning Center, Mr. Ralph Huesing, Director, 2300 Shannon Avenue, Jennings, Missouri 63136

Learning Improvement Center, Mr. G. Robert Williams, Director, P.O. Box 142, Canalou, Missouri 63828

Child Study Center, Mr. Wade Bedwell, Director, Lee Hunter Elementary School, Baker Lane, Sikeston, Missouri 63801

MONTANA

Pre-School Regional-Community Centered Program, Mr. Robert M. Perry, Director, Boulder River School & Hospital, Boulder, Montana 59632

Development of Techniques to Reduce Learning Disabilities, Mr. Don Black, Director, 101 Tenth Street West, Billings, Montana 59102

Simplified Lessons for Academically Deprived Pupils, Mrs. Catherine Feldman, Director, Laurel Junior High School, Laurel, Montana 59044

NEBRASKA

Project Success for the SLD Child in the Primary Grades, Mr. Richard Metteer, Director, Wayne Public Schools, 612 West 9th Street, Wayne, Nebraska 68787

TMR Language Development Program for Trainable Youngsters, Mr. William Kelley, Director, Educational Service Unit #14, Box 414, Sidney, Nebraska 69126

Engineered Classroom for Elementary Youngsters (who are both EMH and ED), Dr. Stanley Wilcox, Director, Papillion Public Schools, 130 West 1st Street, Papillion, Nebraska 68046

NEW HAMPSHIRE

Sheltered Workshop for Handicapped and Disadvantaged, Mr. George Coulter, Director, Vershire Schools, Colebrook, New Hampshire 03576

NEW MEXICO

Albuquerque Special Education Resource Rooms, Dr. Marian Barefoot, Director, 724 Maple Street, S.E., Albuquerque, New Mexico 87106

Albuquerque Training Program for Handicapped Children, Dr. Marian Barefoot, Director, 724 Maple Street, S.E., Albuquerque, New Mexico 87106

Las Cruces Special Education Resource Center, J. Paul Taylor, Director, 301 West Amador, Las Cruces, New Mexico 88001

Las Vegas City Special Education Resource Center, Dr. H. Fred Pomeroy, Director, 917 Douglas Avenue, Las Vegas, New Mexico 87701

NEW YORK

Metropolitan Aquatics for the Handicapped, Mr. Franz Brill, Director, Midtown Plaza—Room 213, 700 East Water Street, Syracuse, New York 13210

Rockland County Special Education Instructional Materials Center, Mr. Robert Fischer, Director, 61 Parrott Road, West Nyack, New York 10994

Southern Tier Learning Disability Center, Mr. William McDonald, Director, Box EC 969, Elmira College, Elmira, New York 14901

Computer Assisted Instruction for the Handicapped, Mr. Jimmer Leonard, Director, Westchester BOCES, Building 6, 845 Fox Meadow Road, Yorktown Heights, New York 10598

Related Occupational Education for Educably Retarded Youth, Mr. Ralph Piccola, Director, Tri County Area Center of Occupational Education, P.O. Box 665, Johnstown, New York 12095

Center for Multiple Handicapped Children, Edmund Horan, Director, 105 East 106th Street, New York, New York 10029

Neurologically Oriented Physical Education for the Handicapped, Mr. Michael Pronti, Director, Tompkins Seneca BOCES, Tompkins Airport, Ithaca, New York 14850

System Approach for Educables (SAFE), Mr. Richard Albano, Director, 122 Old Main Building, SUC Oneonta, New York 13820

Project TEACH (To Educate All Children Handicapped), Mr. John D'Antonio, Director, Suffolk BOCES, 201 Sunrise Highway, Patchogue, New York 11722

NEVADA

Prescribed Instruction in Physical Education for Handicapped Students, Mr. Jerry Myers, Director, Washoe County School District, Reno, Nevada 89502

Pre-School Program for the Handicapped, Mr. Howard Marr, Director, Variety School, 2601 Sunrise Avenue, Las Vegas, Nevada 89101

NORTH CAROLINA

Tutoring Services, Miss Donna Jones, Director, Sparta, North Carolina 28675

SPARC (Special Prescribed Approaches for Retarded Children), Mr. Glen Arrants, Director, P.O. Box 158, Yanceyville, North Carolina 27379

DEEPER (Demonstrate and Evaluate Exemplary Programs for the Educable Retarded), Mrs. Jessie Gouger, Director, Lincoln School, Merritt Mill Road, Chapel Hill, North Carolina 27514

Reading-Learning Disabilities, Mr. Tryon Lancaster, Director, Drawer 1420, Fayetteville, North Carolina 28302

Project Enlightenment, Dr. Curt Fleshman, Director, 601 Devereux Street, Raleigh, North Carolina 27605

A Program for Children with Learning Disabilities, Mr. William Seaver, Director, 621 Wall Street, Albemarle, North Carolina 28001

Project Six to Six, Mrs. Janice Hicks, Director, P.O. Box 4344, Wilson, North Carolina 27893

NORTH DAKOTA

Northwest Special Education Program Model, Harlind Ostrum, Director, Burke Central Public School, Lignite, North Dakota 58752

Special Education Instructional Media Center, Mr. Gordon Paulson, Director, Dickinson Public Schools, Dickinson, North Dakota 58601

OHIO

Special Education Diagnostic Placement and Parent Counseling Center, Mrs. Anne Petry, Director, 70 North Broadway, Akron, Ohio 44308

Verbo-Tonal Audiometry, Mr. James A. Card, Director, 1455 Huy Road, Columbus, Ohio 43224

Assessment and Placement for EMR Special Education Models, Mr. Jack Dauterman, Director, 270 East State Street, Columbus Ohio 43215

Program Models for EMR Students, Dr. James McCabe, Director, 8880 Lake Shore Boulevard, Mentor, Ohio 44060

Educational Plan for State Institutions for the Mentally Handicapped, Dr. Kenneth Gaver, Director, Room 1206, 65 Front Street, Columbus, Ohio 43215

Programming for the Emotionally Disturbed, Mr. Morris J. Abramovitz, Director, 1025 West Rayen Avenue, Youngstown, Ohio 44502

OKLAHOMA

CAVAREL, Mr. Raymond Robler, Director, P.O. Box 806, El Reno, Oklahoma 73036

OREGON

Altering Deviant Behaviors and Academic Deficiencies, Mrs. Eunice Fleener, Director, Linn-Benton IED, Courthouse Annex, Albany, Oregon 97321

Vocational Training for Low Potential Students, Dr. Vernon W. Thomas, Director, Portland School District #1, 631 NE Clackamas Street, Portland, Oregon 97208

Speech and Hearing Tele-Van, Mr. Alan Olsen, Director, Marion County IED, 681 Center Street NE, Salem, Oregon 97301

Supplementary Services for the Blind, Mrs. Helen Stricklin, Director, Portland School District #1, 220 NE Beach Street, Portland, Oregon 97212

Early Elimination of Learning Disabilities, Mr. William Brewster, Director, Central Point School District #6, 451 N 2nd Street, Central Point, Oregon 97501

PENNSYLVANIA

Intensification of Learning Process for the Handicapped, Mr. Joseph Tezza, Director, Bucks County Intermediate Unit 22, Administration Building, Doylestown, Pennsylvania 18901

Individualized Pupil Oriented Program, Mr. Carl Kauffman, Director, Warwick School District, 627 Kissel Hill Road, Lititz, Pennsylvania 17543

Pennsylvania Resources and Information Center for Special Education, Mr. Robert Kalapos, Director, Montgomery County Intermediate Unit 23, 443 South Gulph Road, King of Prussia, Pennsylvania 19404

A Process Approach to Learning, Mrs. Ruth M. White, Director, Allegheny County Intermediate Unit 3, Pathfinder School, Donati Road, Bethel Park, Pennsylvania 15103

Clinical Educational Services, Mr. Paul Good, Director, Montgomery County Intermediate Unit 23, 443 South Gulph Road, King of Prussia, Pennsylvania 19404

Vocational Development Program for Handicapped Students, Mr. Kenneth Tyson, Director, Lincoln Intermediate Unit 12, 9 East Baltimore Street, Greencastle, Pennsylvania 17225

Modification of Children's Oral Language, Dr. James D. Bryden, Director, Department of Communication Disorders, Bloomsburg State College, Bloomsburg, Pennsylvania 17815

Crossover Aid to Children with Handicaps, Mr. Gary A. Crissman, Director, Central Dauphin School District, 600 Rutherford Road, Harrisburg, Pennsylvania 17109

Triangular Attitude Development Project, Mr. Gerald Reading, Director, Sharon City School District, 215 Forker Boulevard, Sharon, Pennsylvania 16146

RHODE ISLAND

A Regional Approach for Learning Disability Children, Mr. O. William Hilton, Jr., Director, Hope School, West Main Road, Portsmouth, Rhode Island 02871

Regional Programming for the Learning Disabled Student, Mrs. Maureen Quinn, Director, School Department, 100 Cedar Avenue, East Greenwich, Rhode Island

A Supportive Program for Children with Learning Disabilities, Mr. G. Raymond Varone, Director, School Department, Administration Building, Park Place, Pawtucket, Rhode Island 02860

SOUTH CAROLINA

Youth High School Study Center, Miss Margaret Keith, Director, 420 N. Pleasantburg Drive, Greenville, South Carolina 29607

Multi-District Identification of Handicapped Children, Dr. John Tillotson, Director, P.O. Box 3124, Spartanburg, South Carolina 29303

Pre-School Mentally Retarded Children, Mrs. Irene Myers, Director, 578 Ellis Avenue, Orangeburg, South Carolina 29115

Learning Disability Classes in Chester, Mrs. Mabel Nunnery, Director, Chester County Schools, Foote Street, Chester, South Carolina 29706

Physical Education for EMR in Camden, Mr. J. C. Walton, Director, DuBose Court, Camden, South Carolina 29020

New Horizons for Handicapped Readers, Mr. Roy Biddle, Director, P.O. Box 830, Beaufort, South Carolina 29902

Assistance for the Disturbed Child, Mrs. Mildred Colgan, Director, Lexington School District #5, Ballentine, South Carolina 29002

Pre-School Screening and Follow-Through Program, Mr. William F. Foster, Director, P.O. Box 220, Walhalla, South Carolina 29691

Team Teaching Resource Room for Functional Mental Retardates, Mr. Dean Walker, Director, Box 627, Union, South Carolina 29379

SOUTH DAKOTA

Identification and Remediation of Learning Disabilities, Mr. John D. Balfany, Director, 701 South Western Ave., Sioux Falls, South Dakota 57104

TENNESSEE

Regional Operational Plan for the Handicapped, Mr. Melville Kelly, Director, Haynesfield School, Bluff City Highway, Bristol, Tennessee 37620

Planning to Improve Special Education Services, Mr. James Plaskett, Director, Lawrence County Schools, Box 310, Lawrenceburg, Tennessee 38464

Project to Provide Services to Handicapped Children in the Regular Classroom, Mr. Richard L. Johnson, Director, 160 South Hollywood, Memphis, Tennessee 38112

UTAH

Automated Instructional Management System for Special Education (AIMS), Mrs. Virginia Sweeney, Director, Upland Terrace School, 3700 South-2860 East, Salt Lake City, Utah 84109

VERMONT

Individually Prescribed Instructional Classroom, Mr. Peter Aiken, Director, Enosburg Falls, Vermont 05450

Elementary Program for Learning Disabilities, Mrs. Kathleen Duranty, Director, Middle School, Bellows Falls, Vermont 05101

Learning Disability-Speech Therapy, Mr. Hugh C. Haggerty, Director, Morrisville, Vermont 05661

Model Program-Special Education-Consulting Teacher Program, Mr. Edward F. Houlihan, Director, P.O. Box 127, Shelburne, Vermont 05482

Aid for Speech Handicapped, Mr. Frank Hubbard, Director, 26 Western Avenue, St. Johnsbury, Vermont 05819

Speech, Language and Hearing Project, Mr. Robert B. Kautz, Director, Stowe Street, Waterbury, Vermont 05676

Franklin Northwest Speech Improvement Project, Mrs. Lois Marcet, Director, P.O. Box 123, Swanton, Vermont 05488

Elementary Learning Disabilities Program, Mr. John Meagher, Director, Memorial School, White River Junction, Vermont 05001

Prescribed Programming for Children with Educational Handicaps, Mr. William Pope, Director, School Street, Northfield, Vermont 05663

Leland & Gray Learning Disabilities Program, Mr. James Sullivan, Director, P.O. Box 281, Townshend, Vermont 05353

VIRGINIA

Programming Resources and Organizing Varied Individualized Departures for the Exceptional Students (PROVIDES), Mrs. Anne C. Sager, Director, Poquoson Elementary School, 1033 Poquoson Avenue, Poquoson, Virginia

Regional Learning Center, Dr. Henry C. Irby, Director, Spotsylvania County School Board, P.O. Box 138, Spotsylvania, Virginia 22553

Diagnosing Learning Potential, K. Edwin Brown, Director, Virginia Beach Public Schools, Annex 2, Princess Anne Station, Virginia Beach, Virginia 23456

WASHINGTON

Handicapped and Normal Children Learning Together, Mr. Eben Robinson, Director, Brigadoon Elementary School, 3601 S. W. 336th Street, Federal Way, Washington 98002

Cooperative for the Handicapped, Mr. Douglas Strayer, Director, Intermediate School District No. 114, Box 155, Federal Building, Port Townsend, Washington 98368

Operation Pay Day, Mrs. Bettyjane McCauley, Director, Intermediate District No. 107, Box 151, Okanogan, Washington 98840

Special Education—Music and Dance, Mrs. Dorothy Johnson, Director, Shoreline School District No. 412, N. E. 158th & 20th N. E., Seattle, Washington 98155

WEST VIRGINIA

West Virginia Diagnostic Prescriptive Teacher Program, Mr. Ronald Dellinger, Director, 401 South Queen Street, Martinsburg, West Virginia 25401

WISCONSIN

The Initiation of a Full-Range Special Education Organization for the Rural Areas of CESA #11, Utilizing a "Cluster of Schools" Approach, Mr. Jon Boyd, Director, CESA #11, Box 388, Holmen, Wisconsin 54636

Special Education Instructional Materials Center, Mrs. Charlotte Tock, Director, Milwaukee Public Schools, 5225 West Vliet Street, Milwaukee, Wisconsin 53208

A Prescriptive Instruction Center for Children with Serious Learning and/or Adjustment Difficulties, Mrs. Sharon Grant, Director, 2230 Northwestern Avenue, Racine, Wisconsin 53404

WYOMING

Cooperative Special Services Project, Dr. Clinton G. Wells, Director, Hot Springs County High School District, Thermopolis, Wyoming 82443

GUAM

Special Education Instructional Materials Center (SEIMC), Concepcion T. Manglona, Director, Quan's Building, Agana, Guam 96910

Special Programs and Projects
(Commissioner's 15 Per Cent, Section 306)

ALABAMA

Work-Study Program for Educable Mentally Retarded Youth, Mr. James Hair, Director, Phenix City Board of Education, Phenix City, Alabama 36867

CALIFORNIA

Facilitating Early Childhood Education for the Handicapped, Mr. Patrick Estes, Director, Los Angeles Unified School District, 450 North Grand Avenue, Room H-104, Los Angeles, California 90012

DELAWARE

Normalization in Special Education for the Intermediate Grades, Mr. John A. Teliaferra, Director, Absalom Jones School, 310 Kiamensi Road, Wilmington, Delaware 19804

DISTRICT OF COLUMBIA

Citywide Services for Emotionally Disturbed Children and Youth, Dr. John L. Johnson, Associate Superintendent, Director of Special Education, D. C. Public Schools Department of Special Education, 415 - 12th Street, N.W., Washington, D. C.

FLORIDA

Pre-School Program for Emotionally Disturbed and/or Potentially Learning Disabled Children, Dr. Jane Courtney, Director, 4000 Silver Star Road, Orlando, Florida 32802

Extended In-Service Training Regarding Specific Learning Disabilities, Mr. Paul B. Stephens, Jr., Director, Special Education, 4960 - 78th Avenue, North Pinellas Park, Florida 33563

Creative Media for the Handicapped, Mr. Carl E. Hornsby, Director, 1023 Carmalita Street, Punta Gorda, Florida 33950

GEORGIA

Serving Young Children from Rural Areas Who Have Gross Disability, Mr. Thomas M. Nunn, Director, Pierce County Board of Education, Blackshear, Georgia 31516

ILLINOIS

Utilizing Innovative Media for Pupils with Communication Disorders, Miss Elberta Pruitt, Director, Chicago Board of Education, 228 N. LaSalle Street, Chicago, Illinois 60601

Comprehensive Mental Health Training in a Hearing Impaired Program, Mr. Robert Bittner, Director, District of Lake County, 4440 Grand Avenue, Gurnee, Illinois 60031

INDIANA

Diagnostic Training Center, Dr. Jim Poteet, Director, Indianapolis Public Schools, 120 East Walnut Street, Indianapolis, Indiana 46280

LOUISIANA

Learning Disabilities—Early Identification and Intervention, Mrs. Nancy Hoepffner, Director, 703 Carondelet Street, New Orleans, Louisiana 70130

MAINE

The Open Door, Mr. Kenneth W. Gray, Director, S.A.D. #73, Hancock County Schools, Stonington, Maine 04681

NEW HAMPSHIRE

North County Education Services Program for Emotionally Handicapped Children, Mr. Leon Lakin, Director, North County Education Services, Supervisory Union #9, North Conway, New Hampshire 03860

NEW JERSEY

Program to Improve Informational Processing of Children with Learning Disabilities, Mr. Robert Adams, Director, 18th Avenue School, 229 - 18th Avenue, Newark, New Jersey 07103

NEW YORK

Southern Tier Learning Disability Center, Mr. William McDonald, Director, 431 Philo Road, Elmira Heights, New York 14903

SEARCH (Social, Economic Development of Retarded Children), Mrs. Ann Lee Halstead, Director, P.O. Box 113, Rouses Point, New York 12979

NORTH CAROLINA

Project Enlightenment, Mrs. Alice K. Burrows, Director, Raleigh Public Schools, Raleigh, North Carolina 27603

NORTH DAKOTA

Pre-Kindergarten Prescriptive Teaching Program for Disadvantaged Children with Learning Disabilities, Mr. James Tronsgard, Director, 1104 Second Avenue, South, Fargo, North Dakota 58102

OHIO

Family Learning Center for Children with Developmental Language Disorders, Mrs. Carol Quick, Director, Toledo City School District, Administration Building, Manhattan Boulevard and Elm Street, Toledo, Ohio 43608

RHODE ISLAND

Central Falls Learning Disabilities Center, Mrs. Dorothy Martin, Director, 918 Broad Street, Central Falls, Rhode Island 02863

SOUTH CAROLINA

Communicating Classroom Management Techniques, Mr. William McQueen, Director, 1170 Jenkins Avenue, North Charleston, South Carolina 29406

TENNESSEE

A Prevention-Intervention Model for Students' Learning and Behavior Problems, Mr. Richard C. Gardner, Director, Howard School, Room 213, 700 Second Avenue South, Nashville, Tennessee 37201

WASHINGTON

COMPARE: Computerized Performance Adapted Resources in Education for Handicapped Children, Mr. William G. Kalenius, Director, 5214 Steilacsom Boulevard, S.W., Lakewood Center, Washington 98499